

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Allcare Senior Services, Inc.	CHAPTER 100.1
Address: 94-920 Kumuaao Street, Waipahu, Hawaii 96797	Inspection Date: January 6, 2026 Annual

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

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

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

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> , (b)(1)(I) Application.  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:  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;  <u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable  Submit a copy with plan of correction.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>CURRENT FIELDPRINT FOR SUBSTITUTE CAREGIVER (SCG) HAS BEEN DONE 1/9/26. COPY OF CURRENT FIELDPRINT CLEARANCE IS NOW AVAILABLE ON THE REASON FOR INSPECTION.</p> <p>ATTACHMENT #1 (11-100.1-3 b(1)(I)) IS A COPY OF PLAN OF CORRECTION 1/9/26</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><b><u>FINDINGS</u></b>  Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG fulfill requirements  evidence has been created and  includes fieldprint clearance,  even other care. will remain  evidence was given and accurate.</p>	<p style="text-align: right;">3/17/26</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><b>FINDINGS</b> SCG #3,4 – Current 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;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Correction #3 physical examination was done on 1/6/26 and was complete for annual physical exam. A copy of current annual physical exam is on file and ready for future inspection.</p> <p>Attachment #2 (11-100.1-9 (a)) is enclosed with the plan of correction</p> <p>Correction #4, physical examination was done on 1/21/26 and on file for future inspection</p> <p>Attachment #3 (11-100.1-9 (a)) included with plan of correction</p>	<p style="text-align: center;">1/6/26</p> <p style="text-align: center;">1/21/26</p>

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<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><b><u>FINDINGS</u></b>  SCG #3,4 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Reg/sac annual requirements checklist has been created and includes annual physical exam instruction, will review checklist upon date and accuracy</p>	<p>3/17/26</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Primary Caregiver (PCG), SCG #1 – Current annual TB clearance unavailable for review  Submit a copy with plan of correction.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>CURRENT ANNUAL TB CLEARANCE FOR PRIMARY CAREGIVER WAS DONE ON 11/5/25. EVIDENCE IS ON FILE FOR FUTURE INSPECTION.</p> <p>ATTACHMENT #3 (11-100.1-9(b)) IS ENCLOSED WITH PLAN OF CORRECTION FOR PAGE 6/7</p> <p>WASSTRE CAREGIVER'S CURRENT TB CLEARANCE WAS DONE 11/5/25 AND ON FILE FOR FUTURE INSPECTION.</p>	<p style="text-align: center;">1/21/24</p> <p style="text-align: center;">1/21/24</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><b><u>FINDINGS</u></b>            Primary Caregiver (PCG), SCG #1 – Current annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG annual requirements checklist has been created and includes annual TB clearance. will review checklist upon hire and quarterly.</p>	<p>3/17/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> SCG #2 – Valid first-aid certification unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>VALID FIRST-AID CERTIFICATION WAS DONE ON 12/17/25, COPY OF EVIDENCE IS ON FILE AND AVAILABLE FOR REVIEW AND INSPECTION, FOR SCG #2.</p> <p>ATTACHMENT #4 (11-100.1-9 (a) (3) (B)) ENCLOSED WITH PLAN OF CORRECTION.</p>	<p style="text-align: right;">1/21/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #2 – Valid first-aid certification unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>7cc/sac annual requirements checklist has been created and includes valid first aid certification. will review checklist upon hire and approval.</p>	<p>3/17/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1)  The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b>  SCG #2 – Valid CPR certification unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #2'S CPR CERTIFICATE WAS DONE 12/17/25. CERTIFICATE IS ON FILE FOR FUTURE REVIEW OR ANNUAL INSPECTION. A COPY OF <sup>CERTIFICATE</sup> IS ENCLOSED WITH THE POC.</p> <p>ATTACHMENT #5 (11-100.1-9(f)(1))</p>	<p>1/21/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 – Valid CPR certification unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DEG/SAC annual requirements checklist has been created and includes valid CPR certification. will review checklist upon hire and quarterly</p>	<p>3/17/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <b>FINDINGS</b> Regular diet menu does not include serving sizes  Submit a copy of revised diet menu with plan of correction.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>REGULATION FOR REGULAR DIET WAS REVISED WITH SERVING SIZES OF EACH MEAL (OR ITEM). NEW MENUS WITH SERVING SIZES TO COMPLY WITH THE REGULATION.  REVISED <sup>MENU</sup> IS CREATED A NEW MENU WITH 4 CYCLE MEAL ATTACHMENTS #6 (11-100.1-13 (b)) WITH THE PLAN OF CORRECTION</p>	<p style="text-align: right;">1/21/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Regular diet menu does not include serving sizes</p> <p>Submit a copy of revised diet menu with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A reminder note has been written on newly revised diet menu to include serving sizes when updating menu.</p>	<p>3/17/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> Resident #2 – Physician’s order dated 12/16/25 states, “Reg., low salt, low Choles-Sat/Fat; No Conc. Sweets, Low Calorie, uptake in fiber; however, special diet menu unavailable</p> <p>Submit a copy of special diet menu or clarified regular diet order with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PHYSICIAN ORDER WAS CORRECTED WITH NEW YOUNG PHYSICIAN ORDER FROM TO NOTIFY RESIDENTS #2 IS ON REGULAR DIET. PCO PLAN FOR ON 1/7/26 IS NOW ON FILE FOR FUTURE INSPECTION.</p> <p>ATTACHMENT #7 (11-100.1-13(b)) IS ENCLOSED WITH PLAN OF CORRECTION.</p>	<p style="text-align: center;">1/7/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician’s order dated 12/16/25 states, “Reg., low salt, low Choles-Sat/Fat; No Conc. Sweets, Low Calorie, uptake in fiber; however, special diet menu unavailable</p> <p>Submit a copy of special diet menu or clarified regular diet order with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A reminder note has been posted on refrigerator to notify reg. special diet is prescribed so reg can create menu for special diet.</i></p>	<p style="text-align: right;"><i>3/17/26</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b>FINDINGS</b> PCG reports cooking food for resident meals between 130-160°F, below minimum safe temperature of 165°F</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b>FINDINGS</b> PCG reports cooking food for resident meals between 130-160°F, below minimum safe temperature of 165°F</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I HAVE FOOD TEMPERATURE SHEETS PLACED AVAILABLE TO KITCHEN STAFF THAT FOOD TEMPERATURE MET REQUIRED PRIOR SERVING FOODS FOR RESIDENTS. POSTED ON REFRIGERATOR ATTACHMENT # 7 (11-100.1-14 (d))</p> <p>REMINDED INCLUDES TO COOL FOOD TO 165°F, MINIMUM.</p>	<p>3/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Bottle of Clorox stored unsecured in kitchen sink cabinet</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>AS OF 1/7/24, LOCKED KEY IS ALWAYS TO SECURE TOXIC CHEMICAL IN KITCHEN SINK CABINET, AT ALL TIME, KITCHEN SINK CABINET BE LOCKED AT ALL TIME.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Bottle of Clorox stored unsecured in kitchen sink cabinet</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS DEFICIENCY TO HAPPEN AGAIN, A WRITTEN SIGN "DANGEROUS TOXIC CABINET" IS POSTED ON THE DOOR OF KITCHEN CABINET, TO ENSURE ALL TOXIC CHEMICALS IS SECURED, REMINDING CONSUMERS TO BE AWARE OF UNLOCKED CABINET.</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><b>FINDINGS</b> Resident #1 – Physician’s order dated 12/12/25 states, “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”; however, medication label states, “Acetaminophen 325mg Take 2 tablets by mouth every 6 hours as needed for fever, headache, or pain”. Medication label does not reflect current order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>AS OF 2/25/26, PHYSICIAN DR TULANO 500 MG ORAL TABS, NEEDS 325MG, AND TULANO 325 MG TABS. 2 TABS, PO, EVERY 6 HRS AS NEEDED FOR FEVER, HEADACHE AND PAIN CONTINUE, NEW BOTTLE LABEL HAS UPDATED PER DR'S ORDER.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><b>FINDINGS</b> Resident #1 – Physician’s order dated 12/12/25 states, “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”; however, medication label states, “Acetaminophen 325mg Take 2 tablets by mouth every 6 hours as needed for fever, headache, or pain”. Medication label does not reflect current order.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I WILL DOUBLE CHECK DR'S ORDER AND COMPARE TO THE BOTTLE LABEL AND BOTH ACCURATE BEFORE DOCUMENTING TO NURSE. IF LABEL NOT ACCURATE WILL MAKE RCP TO CORRECT &amp; SIGN CHANGES.</p> <p>A REMINDER NOTES TO DO THIS HAS BEEN POSTED ON RESIDENTS' BIN DASH.</p>	<p style="text-align: right;">2/25/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External medication (Calprotect cream) stored in same bin with internal medications</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>external medication (calprotect cream) is now separated as of 1/7/26, by placing into a plastic container (ziploc) to separate from internal.</p>	<p>1/7/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 10/30/24-4/30/25 states, “Acetaminophen (TYLENOL) 325mg oral Tab Take 325 mg by mouth every 6 hours as needed”; however, PRN indication was unavailable. Medication made available during this time period without a prescribed PRN indication.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 10/30/24-4/30/25 states, “Acetaminophen (TYLENOL) 325mg oral Tab Take 325 mg by mouth every 6 hours as needed”; however, PRN indication was unavailable. Medication made available during this time period without a prescribed PRN indication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A reminder note has been posted on resident unit to ensure PRN indication is available on all meds orders prescribed upon receiving. If unit is missing then P/O unit physician to be contacted.</p>	<p>3/17/26</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><b>FINDINGS</b> Resident #1 – Physician’s order dated 4/30/25-7/17/25 stated, “Acetaminophen 325mg Oral Tab Take 2 tablets by mouth every 6 hours as needed for fever, headache or pain” and from 7/17/25-current, PRN pain; however, MAR does not include PRN indication for making medication available from 4/30/25-current.</p> <p>Submit a copy of updated/revised MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>As of 2/25/26, MAR was corrected according to 2x and bottle label inserted, indicating exact usage and duration of ordered by a physician.</p> <p>Attachment #11 (11-100.1-13(e)) meets plan of correction.</p>	<p style="text-align: center;">2/25/26</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><b>FINDINGS</b> Resident #1 – Physician’s order dated 4/30/25-7/17/25 stated, “Acetaminophen 325mg Oral Tab Take 2 tablets by mouth every 6 hours as needed for fever, headache or pain” and from 7/17/25-current, PRN pain; however, MAR does not include PRN indication for making medication available from 4/30/25-current.</p> <p>Submit a copy of updated/revised MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A reminder note has been posted on resident's MAR to ensure PRN indication is available on all meds orders prescribed upon receiving. If PRN is missing then PRN must be added to be completed. Orders will be transcribed onto MAR once PRN indication exists.</p>	<p style="text-align: right;">3/17/24</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><b>FINDINGS</b> Resident #1 – Physician’s order dated 7/17/25-current states, “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”; however, per MAR, medication was being made available as “Acetaminophen 325 mg Tab. 1 tab PO every six hrs as needed (PRN)” from 8/1/25-12/31/25. Incorrect dosage being available.</p> <p>Submit a copy of updated/revised MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Revision was done on MAR of 2/25/26. incorrect dosage was corrected and documented to MAR and being available. correction was done on Feb 26 MAR to ensure correct dosage will be given + available.</p> <p>Attachment # 12 (11-100.1-15(e)) with plan of correction.</p>	<p style="text-align: right;">2/25/26</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><b>FINDINGS</b> Resident #1 – Physician’s order dated 7/17/25-current states, “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”; however, per MAR, medication was being made available as “Acetaminophen 325 mg Tab. 1 tab PO every six hrs as needed (PRN)” from 8/1/25-12/31/25. Incorrect dosage being available.</p> <p>Submit a copy of updated/revised MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>&amp; prominent note has been posted on unit to reinforce medication orders should comments with staff about the unit and need education / new order.</i></p>	<p style="text-align: center;">3/17/26</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><b><u>FINDINGS</u></b> Resident #1 - Physician's order dated 7/17/25-current states, "Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain"; however, per 1/2026 MAR, medication is not being made available to resident.</p> <p>Submit a copy of updated/revised MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A reminder note has been posted on MAR to review medication orders against current state statute every 24 hours and need education / name order.</p> <p>For new / revised orders to be added to MAR to prevent current orders.</p>	<p>3/17/25</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><b>FINDINGS</b> Resident #1 – Physician provided conflicting orders for the following on 12/12/25:</p> <ul style="list-style-type: none"> <li>• “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”</li> <li>• “Acetaminophen 325mg tab, 1 tab, PO, PRN</li> </ul> <p>Submit a copy of clarified order with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Physician re order discontinue TYLENOL 500 MG TABS and continue GIVEN TYLENOL 325 MG TABS. 2 TABS PO, PRN, changes made on 2/25/26.</p> <p>Attachment #11(11-100.1-15(e))</p>	<p style="text-align: right;">2/25/26</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><b><u>FINDINGS</u></b> Resident #1 – Physician provided conflicting orders for the following on 12/12/25:</p> <ul style="list-style-type: none"> <li>• “Acetaminophen (TYLENOL) 500mg oral Tab Take 325 mg by mouth every 6 hours as needed for pain”</li> <li>• “Acetaminophen 325mg tab, 1 tab, PO, PRN</li> </ul> <p>Submit a copy of clarified order with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ENSURE THAT THIS NOT HAPPEN I CREATED A FORM TO USE FOR MEDICATION EXCELLIST TO BE SIGN BY PHYSICIAN TO AVOID DUPLICATION OF MEDICATION.</p> <p>Attachment # 11 (11.100-1-15(e)) (clarification)</p> <p>Attachment # 13 (Form)</p>	<p style="text-align: right;">2/25/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medications were not reevaluated timely every 4 months between 7/17/25-12/12/25</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medications were not reevaluated timely every 4 months between 7/17/25-12/12/25</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ensure this will not happen again I created a form to remind the <sup>medication</sup> when to be reevaluated in a timely manner every 4 months, so that no miss any month in between. I will review each list every month</p> <p>Attachment # 14 (11-100.1-15(G))</p>	<p>2/25/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Current influenza vaccination unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>current influenza was done on 12/12/25 for resident #1, got a copy from Dr. Office medication record Dept. which is now on resident file to be inspected,</p> <p>attachment # 15 &amp; 14</p>	<p style="text-align: center;">2/25/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i)  The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Current influenza vaccination unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Resident's annual vaccination records have been created and included FUD notes. I will review current roster.</i></p>	<p>3/17/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  <u>FINDINGS</u> Resident #1 – Current annual TB clearance unavailable  Submit a copy with plan of correction.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A COPY OF TB CLEARANCE WAS DONE ON 12/12/25, BUT NOT ON FILE TO BE AVAILABLE ON TIME OF INSPECTION. TB CLEARANCE OBTAIN AND FILED.</p> <p>ATTACHMENT # 14 (11-100.1-17(b)(1))</p>	<p style="text-align: center;">2/25/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Resident annual requirements checklist has been created and included in next TB clearance. I will ensure checklist is accurate.</i></p>	<p style="text-align: center;"><i>3/17/24</i></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><b><u>FINDINGS</u></b> Resident #1 – Per incident report dated 1/4/25, resident sent to ED for complications of UTI; however, no documented evidence of onset of illness or monitoring of condition until resolved</p> <p>Resident #1 – Per incident report dated 7/9/25, resident sent to ED for complications of UTI and covid; however, no documented evidence of onset of illnesses or monitoring of condition until resolved</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  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;  <u>FINDINGS</u> Resident #1 – Per incident report dated 1/4/25, resident sent to ED for complications of UTI; however, no documented evidence of onset of illness or monitoring of condition until resolved  Resident #1 – Per incident report dated 7/9/25, resident sent to ED for complications of UTI and covid; however, no documented evidence of onset of illnesses or monitoring of condition until resolved	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO COMPLY WITH THE REGULATION, BY USING PROGRESS NOTE FOR DOCUMENTATION OF TREATMENT, RESIDENT'S RESPONSE, DIET, AND CHANGES IN CONDITION. TO ENSURE THIS WILL NOT HAPPEN AGAIN, DOCUMENTATION NEEDS TO BE ON RESIDENT FILE READY FOR INSPECTION.</p> <p>A RECALLED NOTES HAS BEEN POSTED ON RESIDENT'S BINDER TO DO THIS</p>	<p style="text-align: right;">2/15/24</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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 2/2025-12/2025 do not include resident's response to daily medications (e.g., effective or ineffective)</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 2/2025-12/2025 do not include resident's response to daily medications (e.g., effective or ineffective)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A reminder note has been posted on resident binder to include resident's response to daily medications in monthly progress notes.</i></p>	<p style="text-align: center;">3/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Incident reports dated 1/4/25 and 7/9/25 stored in resident's record and not under separate cover</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 incident reports dated 1/4/25 &amp; 7/9/25 now stored in a separate folder per regulations, and occurrence notes since it will be now merged &amp; kept on separate folder.</p>	<p style="text-align: right;">2/25/26</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.  <u>FINDINGS</u> Resident #1 – Incident reports dated 1/4/25 and 7/9/25 stored in resident's record and not under separate cover	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO COMPLETE AND TO ENSURE THIS WILL NOT HAPPEN AGAIN, EACH INDIVIDUAL RESIDENT INCIDENT REPORT WILL BE ON A SEPARATE FILE (COVER) READY FOR INSPECTION &amp; REMINDER NOTE HAS BEEN POSTED ON CASE HOME SURVEILLANCE TO DO THIS,</p>	<p style="text-align: right;">2/25/26</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.  <u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable  Submit a copy with plan of correction.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>COPIES INVENTORY OF POSSESSIONS            HAS DONE AS OF 2/1/26 AND REPORT            ON RESIDENT FILE (AS REQUIRED TO BE            INSPECTED).</p> <p>ATTACHMENT #17 (11-100.1-19(a))</p>	<p style="text-align: center;">2/1/26</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.  <u>FINDINGS</u> Resident #1 - Current inventory of possessions unavailable  Submit a copy with plan of correction.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ENSURE THIS WILL NOT HAPPEN AGAIN, CURRENT INVENTORY OF RESIDENTS PERSONAL ITEMS NEED TO BE UPDATED AT LEAST ONCE <del>PER</del> <sup>ANNUALLY</sup> AND IF ANY CHANGES <del>ARE</del></p> <p>ATTACHMENT # 17 (11-100.1-19(a))</p> <p>A REMINDER HAS BEEN POSTED ON RESIDENTS BUDGET TO DO THIS.</p>	<p style="text-align: right;">2/1/24</p>

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FEB 27 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (b)            Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Financial statement unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Financial statement signed by the financial guardian was signed &amp; done 2/25/26.</p>	<p style="text-align: center;">2/25/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (b)            Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Financial statement unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ensure this will <sup>not</sup> happen again, upon admission of a resident "financial statement" signed by an authorized person, forms on guardian need to be on file, ready for inspection.</p> <p>Attachment #18</p> <p>A reminder note has been posted on resident binder to do this.</p>	<p style="text-align: right;">2/25/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per physician note dated 7/17/25, “Return in about 3 months (around 10/17/25)”; however, resident did not return until 12/12/25</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.  <u>FINDINGS</u> Resident #1 – Per physician note dated 7/17/25, “Return in about 3 months (around 10/17/25)”; however, resident did not return until 12/12/25	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ENSURE THIS WILL NOT HAPPEN AGAIN, FACILITY WILL BE USING A CALENDAR REMINDER &amp; NOTED DATE &amp; TIME FOR THE DEPT OF THE RESIDENT.</p> <p>ALSO, TO COMPLY WITH THE REGULATION, UPON RETURNING FR. THE DR. VISIT, CME &amp; MAKE DEPT C DR. OFFICE FOR F/U RETURNING VISIT</p>	<p style="text-align: right;">2/25/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b>FINDINGS</b> Resident #1 – No signed evidence resident was informed of the resident's rights and of all rules governing resident conduct prior to or at the time of admission on 4/17/23</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>STATEMENT OF ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY &amp; RESOLUTIONS WAS DONE ON 2/19/24, WHICH INCLUDE RULES &amp; ALL RULES GOVERNING RESIDENTS CONDUCT.</p> <p style="text-align: center;">ATTACHMENT # 18 (11-100.1-21 (a)(1)(A))</p>	<p style="text-align: right;">2/25/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No signed evidence resident was informed of the resident's rights and of all rules governing resident conduct prior to or at the time of admission on 4/17/23</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ENSURE THAT THIS WILL NOT HAPPEN AGAIN, UPON ADOPTED PERIOD ADMISSION &amp; VISITATION POLICIES REGARDING RIGHTS &amp; RESPONSIBILITIES OF RESIDENTS, POLICIES &amp; PROCEDURES OF THE FACILITY HAS SIGNED AND KEEP ON RESIDENT'S PERSONAL FILES READY FOR INSPECTION.</p> <p>STATEMENT # 18 (11-100.1-21 (a)(1)(A)) A REMINDER NOTE HAS BEEN POSTED ON RESIDENT BUDGET TO DO THIS</p>	<p style="text-align: center;">2/25/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was informed of services available and related charges for such services prior to or at the time of admission on 4/17/23</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>DATE OF SERVICES WAS DONE 2/19/24 INCLUDES POLICIES &amp; PROCEDURES SIGNED AND DOCUMENTED &amp; KEPT TO RESIDENTS FILE.</p> <p>DEFICIENCY # 19 (11-100.1-21 (a)(1)(c))</p>	<p style="text-align: center;">2/15/24</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was informed of services available and related charges for such services prior to or at the time of admission on 4/17/23</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO ENSURE THIS WILL NOT HAPPEN AGAIN, RESIDENTS MUST BE AWARE OF RESPONSIBILITIES THAT INCLUDE SERVICES AVAILABLE &amp; RELATED CHARGES FOR SUCH SERVICES NEED TO BE SHARED WITH THE FAMILY, GUARDIAN, SURROGATE OR REP POWER UPON AND PRIOR TO ADMISSION AND KEEP ON FILE FOR REVIEW BY INSPECTOR.</p> <p>ATTACHMENTS #19 A REMINDER NOTE HAS BEEN POSTED ON RESIDENT BINDER TO DO THIS.</p>	<p style="text-align: right;">2/25/24</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;  <u>FINDINGS</u> Monthly fire drill performed during hours of darkness unavailable	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>MONTHLY FIRE DRILL WAS ADDED TIME OF HOURS OF DARKNESS. FIRE DRILL SCHEDULED ON TIME AND MET TIME AT LEAST FOUR TIMES A YEAR.</p> <p>MONTHLY FIRE DRILL RECORD IS KEPT ON FILE READY FOR FIRE INSPECTOR OR DEPT. UPON REQUEST.</p> <p>FUTURELY, THE FIRE DRILL WAS PERFORMED AT NIGHT DURING HOURS OF DARKNESS.</p>	<p style="text-align: center;">2/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Monthly fire drill performed during hours of darkness unavailable</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>MONTHLY FIRE TEMPLATES HAS BEEN CREATED WITH NIGHT TIME FIRE DRILL BE SCHEDULED EVERY SIX MONTHS.</p> <p>A COPIES OF SCHEDULED TEMPLATES ARE AVAILABLE FOR USE.</p>	<p>3/17/24</p>

Licensee's/Administrator's Signature: Christine R. Garcia

Print Name: CHRISTINE GARCIA

Date: 2/26/26

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FEB 27 2026

Licensee's/Administrator's Signature: Estelita Gamón

Print Name: Estelita Gamón

Date: 3/19/24