

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii, 96706	Inspection Date: February 19, 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"/>	<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> PCG, SCG #1,2 – Current 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>Obtained criminal background check for PCG, SCG #1 and SCG #2. See attached.</p>	<p>03/09/26</p>

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<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> PCG, SCG #1,2 – Current 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>Through these measures, the ARCH will maintain continuous compliance with licensing requirements. Centralized Compliance Tracking Log</p> <p>A Clearance Compliance Log will be maintained to track: Date of Ecrim submission Date clearance received Expiration date Renewal due date reminders</p> <p>This log will be reviewed monthly by the licensee to ensure all clearances remain current.</p>	03/09/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medications stored unsecured in closet</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected immediately. Upon notification of the finding, the medication storage cabinet was locked.</p>	<p>03/09/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medications stored unsecured in closet</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The following procedures will be implemented and maintained: Secure Medication Storage Policy All resident medications will be stored in a designated locked medication storage area at all times. Access to the medication storage area will be limited only to authorized caregivers responsible for medication administration.</p> <p>Locked Containers for Medications All medications, including those stored in closets or cabinets, will be kept in locked cabinets to prevent unauthorized access.</p> <p>Staff Training and Reinforcement All caregivers will receive education and ongoing reminders regarding proper medication storage requirements, including the importance of keeping medications secured immediately after use.</p> <p>Daily Medication Area Checks The Primary Care Giver (PCG) or designated staff will conduct daily checks to ensure all medications are properly secured after medication administration.</p>	<p>03/09/26</p>

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	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 – The following medications prescribed on 6/26/25 are not being administered or made available per MAR: acetaminophen (325mg – 2 tabs TID), glucagon, glucose gel, guaifenesin, ipratropium-albuterol inhaler, tap water enema</p> <p>Submit a copy of revised MAR (medication administration record) 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>D/c Dr. discontinue all medication orders 3/27/26 - see attached</i></p>	<p style="text-align: center;"><i>3/31/26</i></p>

26 MAR 31 11:26

STATE LUISIANA

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	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 medications prescribed on 6/26/25 are not being administered or made available per MAR: acetaminophen (325mg – 2 tabs TID), glucagon, glucose gel, guaifenesin, ipratropium-albuterol inhaler, tap water enema</p> <p>Submit a copy of revised MAR (medication administration record) 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>To prevent this from occurring in the future, the following measures will be implemented: When a resident is discharged from a facility and readmitted to the ARCH, all medications will be carefully reviewed and reconciled. If any discrepancies or missing orders are identified, the physician or APRN will be contacted immediately to obtain clarification and proper documentation prior to continuing the medication.</p> <p style="text-align: center;"><i>staff in service to do this on 3/27/26</i></p>	<p>03/27/26</p> <p style="text-align: right;"><i>3/27/26</i></p>

26 MAR 31 11:25

STATE OF CONNECTICUT

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MAR 31 2026

	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 daily medications were not administered from 7/21/25-7/31/25: amlodipine, cetirizine, citalopram, senna</p> <p>Resident #1 – Physician’s order dated 7/9/24-7/24/25 stated, “Aspirin EC 81mg. Take 1 tab BID P.O.”; however, per MAR, medication was not administered from 7/19/25-7/23/24</p> <p>Resident #1 – Per MAR, “Sennosides 8.6mg tablet take 1 tab by mouth at bedtime HOLD for loose BM” was not administered on 6/30/25</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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 daily medications were not administered from 7/21/25-7/31/25: amlodipine, cetirizine, citalopram, senna</p> <p>Resident #1 – Physician’s order dated 7/9/24-7/24/25 stated, “Aspirin EC 81mg. Take 1 tab BID P.O.”; however, per MAR, medication was not administered from 7/19/25-7/23/24</p> <p>Resident #1 – Per MAR, “Sennosides 8.6mg tablet take 1 tab by mouth at bedtime HOLD for loose BM” was not administered on 6/30/25</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The following corrective systems will be implemented to prevent missed or undocumented medication administrations: Medication Administration Verification Process All medications will be administered strictly according to current physician orders. Caregivers will verify each medication against the Medication Administration Record (MAR) prior to administration to ensure accuracy.</p> <p>Caregivers will perform a three-point check: Compare medication label to physician order Compare medication label to MAR Confirm documentation immediately after administration</p> <p>No medication will be left undocumented after administration.</p> <p>End of day MAR Reconciliation At the end of the day, the Primary Care Giver (PCG) or designated staff will review the MAR to ensure all scheduled medications were administered and properly documented.</p> <p><i>staff in service to do this</i></p>	<p>03/09/26</p> <p style="text-align: right;"><i>3/27/26</i></p>

26 MAR 31 2025
 STATE OF MARYLAND

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/9/25 states, “amlodipine/valsartan 10-160mg tablet Take 1 tablet by mouth daily”; however, per MAR, no documented evidence this medication is being administered</p> <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>Yes, the deficiency has been corrected. The physician’s order dated 7/9/25 for amlodipine/valsartan 10-160 mg tablet, Take 1 tablet by mouth daily was immediately reviewed and verified. The Medication Administration Record (MAR) was revised to accurately reflect the current physician’s order. A copy of the revised MAR reflecting the corrected order is attached with this Plan of Correction.</p>	<p>03/09/26</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/9/25 states, “amlodipine/valsartan 10-160mg tablet Take 1 tablet by mouth daily”; however, per MAR, no documented evidence this medication is being administered</p> <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><i>Reminding note on the on the mar folder to compare current med. order against mar. once a quarter and upon receiving new orders</i></p>	<p><i>3/31/26</i></p>

26 MAR 31 2025

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 6/26/25 states, “Amlodipine Besylate oral tablet 10mg Give 1 tablet by mouth one time a day for htn Hold if SBP is less than 110”; however, from 6/27/25-current, no documented evidence blood pressure is being obtained prior to medication administration</p> <p>Submit a copy of log where blood pressure readings will be documented 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>Blood Pressure is been chud as priscrube know.</i></p>	<p style="text-align: center;"><i>3/31/26</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">25 MAR 31 2026</p>			

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, from 12/30/25-current, “Latanoprost 0.005% eye drops Instill 1 drop into both eyes every night at bedtime” is being administered; however, physician’s order to administer is unavailable</p> <p>Submit a copy of medication 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>Attached is copy of medication order for Latanoprost. The physician’s order for Latanoprost 0.005% eye drops has been obtained and placed in the resident’s medical record.</p>	<p>03/09/26</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><u>FINDINGS</u> Resident #1 – Per MAR, from 12/30/25-current, “Latanoprost 0.005% eye drops Instill 1 drop into both eyes every night at bedtime” is being administered; however, physician’s order to administer is unavailable</p> <p>Submit a copy of medication 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>The physician’s order for Latanoprost 0.005% eye drops has been obtained and placed in the resident’s medical record. The MAR and medication records have been reviewed to ensure all medications being administered have corresponding physician orders on file. Caregivers have been reminded that medications may only be administered with a valid physician or APRN order. Moving forward, the licensee will review monthly medication records and physician orders to ensure compliance and prevent recurrence.</p>	03/09/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/9/25-current states, “Citalopram 20mg tablet Take 1 tab once a day P.O.”; however, per MAR, “CITALOPRAM 10 mg tablet (citalopram hydrobromide) take 1 tab by mouth once a day” is being administered. Incorrect dosage being administered.</p> <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>The MAR was transcribed incorrectly. The physician’s order for Citalopram 20 mg tablet, take one tablet by mouth once daily has been verified, and the correct dosage has been administered according to the physician’s order. The MAR has been revised to reflect the correct dosage of 20 mg. A copy of the revised MAR is attached.</p>	<p>03/09/26</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/9/25-current states, “Citalopram 20mg tablet Take 1 tab once a day P.O.”; however, per MAR, “CITALOPRAM 10 mg tablet (citalopram hydrobromide) take 1 tab by mouth once a day” is being administered. Incorrect dosage being administered.</p> <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>All medication orders and MAR entries will be reviewed to ensure accuracy between the physician or APRN orders and the MAR. The licensee/primary caregiver will verify that medications are transcribed correctly when updating or creating MARs. Caregivers have been reminded of the importance of administering medications exactly as ordered by the physician or APRN. Moving forward, the licensee will conduct routine monthly reviews of medication orders and MARs to ensure that dosages and instructions match the physician’s orders to prevent transcription errors and ensure continued compliance with medication regulations.</p>	03/09/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, “Alendronate 70mg. Take 1 tab by mouth every 7 days before breakfast”; however, medication given on 7/24/25 then on 8/1/25, 8 days apart.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u> Resident #1 – No documented evidence physician’s orders for the following medications have been reevaluated and signed or discontinued by a physician: Acetaminophen (325mg – 2 tabs TID), amlodipine, glucagon, glucose gel, guaifenesin, ipratropium-albuterol inhaler, lactulose, naloxone, oxycodone, tap water enema</p> <p>Submit a copy of updated orders 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="text-align: center;"><i>Dr. discontinue all medication orders 3/27/26</i></p>	<p style="text-align: center;"><i>3/31/26</i></p>

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MAR 31 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
'26 MAR 31 11:05 5577 12/26/2025	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – No documented evidence physician’s orders for the following medications have been reevaluated and signed or discontinued by a physician: Acetaminophen (325mg – 2 tabs TID), amlodipine, glucagon, glucose gel, guaifenesin, ipratropium-albuterol inhaler, lactulose, naloxone, oxycodone, tap water enema Submit a copy of updated orders or discontinuation orders with plan of correction	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from occurring in the future, the following measures will be implemented: When a resident is discharged from a facility and readmitted to the ARCH, all medications will be carefully reviewed and reconciled. If any discrepancies or missing orders are identified, the physician or APRN will be contacted immediately to obtain clarification and proper documentation prior to continuing the medication.</p> <p style="font-size: 1.2em; font-family: cursive;">Reminding notes have been posted on Mar folder to do this.</p>	<p style="text-align: center;">03/09/26</p> <p style="text-align: right; font-size: 1.5em; font-family: cursive;">3/31/26</p> <p style="text-align: right; color: cyan; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: right; color: red; font-weight: bold; font-size: 1.2em;">MAR 31 2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence inventory of possessions was completed at the time of admission on 6/27/25. Current inventory of possessions is unavailable as well.</p> <p>Submit a copy of current inventory of possessions 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>A copy of current inventory of possession is attached.</p>	<p>03/09/26</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> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence inventory of possessions was completed at the time of admission on 6/27/25. Current inventory of possessions is unavailable as well.</p> <p>Submit a copy of current inventory of possessions 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>All admissions, readmissions, and transfers will include completion of a documented inventory of the resident's money and valuables. The licensee/primary caregiver will ensure that this inventory is signed and dated at the time of admission and updated as necessary.</p> <p>Caregivers have been reminded of the importance of completing and maintaining a current inventory for each resident to comply with regulations. Moving forward, the licensee/primary caregiver will routinely verify that inventories are completed and available in each resident's record to prevent recurrence</p>	03/09/26

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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)(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 – Per MAR, “Acetaminophen 500mg tablet take 2 tabs by mouth as needed twice a day or pain”. Medication administered twice daily from 8/1/25-8/15/25, 8/18/25, 8/21/25, 8/24/25, 8/27/25, 8/29/25; however, no documented evidence of resident’s change in condition warranting frequent use of medication and resident’s response to medication following administration.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	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 – Per MAR, “Acetaminophen 500mg tablet take 2 tabs by mouth as needed twice a day or pain”. Medication administered twice daily from 8/1/25-8/15/25, 8/18/25, 8/21/25, 8/24/25, 8/27/25, 8/29/25; however, no documented evidence of resident's change in condition warranting frequent use of medication and resident's response to medication following administration.</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>In service staff reminding them to document any resident change in condition requiring frequent use of medication</i></p>	<p style="text-align: right;"><i>3/3/26</i></p>

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STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

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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> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – Initial, “E”, used throughout monthly MAR is not reflect on MAR legend</p> <p>Submit a copy of updated MAR legend 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>Attached is copy of updated MAR legend that reflect E initial [REDACTED]</p>	<p>03/09/26</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> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – Initial, “E”, used throughout monthly MAR is not reflect on MAR legend</p> <p>Submit a copy of updated MAR legend 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>all caregivers have been instructed that any symbols or abbreviations used on the MAR must be reflected in the legend. The licensee/primary caregiver will review the MAR legend regularly to ensure all symbols and abbreviations are accurately documented.</p> <p>Moving forward, the licensee will verify during monthly chart audits that the MAR legend is complete and current to prevent discrepancies</p>	<p>03/09/26</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> (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 dated 6/27/25 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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 6/27/25</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>Financial statement completed by resident see attach.</i></p>	<p style="text-align: center;"><i>3/31/26</i></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> (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.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 6/27/25</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>All admissions will include completion of a financial statement and documentation of the resident's or representative's acknowledgment.</p> <p>Moving forward, the licensee/primary caregiver will verify that all financial statements are completed, signed, and filed in each resident's record upon admission to ensure compliance</p> <p style="text-align: center;"><i>Remedy Notes has been posted on care flow binder to do this.</i></p>	<p>03/16/26</p> <p style="text-align: center;"><i>3/31/26</i></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)(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><u>FINDINGS</u> Resident #1 – No signed evidence resident was notified verbally or in writing of their rights and responsibilities prior to or at the time of admission on 6/27/25</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>Attached is a copy of the rights and responsibilities signed by patient representative.</p>	03/09/26

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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)(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>FINDINGS Resident #1 – No signed evidence resident was notified verbally or in writing of their rights and responsibilities prior to or at the time of admission on 6/27/25</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>All new admissions will include providing residents and their representatives with a copy of the residents' rights and responsibilities, both verbally and in writing, prior to or at the time of admission. Moving forward, the licensee/primary caregiver will review each admission record to ensure that signed acknowledgments of residents' rights are present, complete, and filed in the resident's record</p> <p><i>Remedy notes has been posted on care home binder to do this.</i></p>	<p>03/09/26</p> <p><i>3/31/26</i></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><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed in writing of services available and related charges for services prior to or at the time of admission on 6/27/25</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>Attached is a copy of a signed acknowledgement of medicaid fee schedule.</p>	<p>03/09/26</p>

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	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, PCG, SCG #1,2 – No documented evidence caregivers have been trained on administering suppositories, enemas, and intramuscular glucagon, despite having medication orders for such</p> <p>Submit a copy of completed trainings 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="text-align: center;"><i>medication orders was discontinued case management training not used.</i></p>	<p style="text-align: center;"><i>3/31/26</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
'26 MAR 31 10:24 26 MAR 31 10:24	<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: 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; <u>FINDINGS</u> Resident #1, PCG, SCG #1,2 – No documented evidence caregivers have been trained on administering suppositories, enemas, and intramuscular glucagon, despite having medication orders for such Submit a copy of completed trainings or discontinuation orders with plan of correction	<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>The licensee/primary caregiver will ensure that any caregiver assigned to a resident with specialized medication orders receives documented training from a registered nurse before administering those medications.</p> <p>Moving forward, the licensee/primary caregiver will maintain a training log for all caregivers, including dates of completed training, to ensure that staff are properly trained and documented prior to providing any specialized care. Monthly audits will be conducted to verify compliance and prevent recurrence,</p> <p style="text-align: center;"><i>Remdy Notes has been posted on care flow binder to do this</i></p>	<p style="text-align: center;">03/09/26</p> <p style="text-align: center;"><i>3/31/26</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)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Pre-admission assessment by case manager unavailable for expanded level admission on 6/27/25</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Pre-admission assessment by case manager unavailable for expanded level admission on 6/27/25</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>The case manager pre-admission assessment for Resident #1's expanded level admission was not completed because the case manager agency was not aware that a pre-admission assessment was required. The agency has now been informed that the case manager RN must conduct a comprehensive pre-admission assessment for all expanded ARCH admissions. A post hospital visit was conducted by Case manager RN instead of a preadmission assessment.</p> <p>The licensee/primary caregiver will verify that a complete pre-admission assessment by the case manager RN is obtained for each expanded ARCH resident prior to admission. Moving forward, the licensee/primary caregiver will document and maintain all pre-admission assessments in the resident's record to ensure compliance</p>	03/09/26

	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 medications orders are not reflected in care plan</p> <p>Submit a copy of revised care plan 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>Attached is an updated care plan that reflects the current medication orders.</p>	<p>03/09/26</p>

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	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 medications orders are not reflected in care plan</p> <p>Submit a copy of revised care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The licensee/primary caregiver has instructed the case manager RN that all medications must be reflected in the care plan. Moving forward, the licensee/primary caregiver will routinely audit care plans with case manager RN to verify that all medications, treatments, and specific interventions are accurately documented.</p>	03/09/26

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MAR 09 2026

Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 03/09/26

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MAR 09 2026

Licensee's/Administrator's Signature: Evelyn Vargas

Print Name: Evelyn Vargas

Date: 3/3/26

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