Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ugalino ARCH	**CHAPTER 100.1**
Address: **1017 Ehoeho Avenue, Wahiawa, Hawaii 96786**	**Inspection Date: September 10, 2025 Annual**

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (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; **FINDINGS** Primary care giver (PCG) – only Fieldprint 5/30/23 result available. Substitute care giver (SCG) #1 – only Fieldprint 2/24/23 result available. Household member (HM) #1 – no result. Did not meet DOH background check requirements. Please obtain 2025 result and submit copies with your plan of correction (POC).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** for PCG I did go to waipahu fieldprint office on Oct. 1, 2025 at 10:30am For SCG Yes I did correct for SPCG #1 went to waipahu fieldprint office on October 1, 2025 at 10:30am. Yes I did correct for HM being her at waipahu fieldprint office on Oct. 1, 2025 at 10:30am. - Fieldprint worker told caregiver if caregiver dont receive any result for fieldprint, then it means they send result to DOH.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (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; **FINDINGS** Primary care giver (PCG) – only Fieldprint 5/30/23 result available. Substitute care giver (SCG) #1 – only Fieldprint 2/24/23 result available. Household member (HM) #1 – no result. Did not meet DOH background check requirements. Please obtain 2025 result and submit copies with your plan of correction (POC).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (PCG) my future plan is to have ~~fieldprint~~ to be renew on time. I create a reminder list on my calendar to check on when to renew the fieldprint. (SCG) My future ~~plan~~ on ~~fieldprint~~ SCG ~~fieldprint~~ is to renew on time. I create a reminder ~~list~~ on my calender ~~to~~ to check on when to renew the fieldprint. (HM) my future plan on (HM) fieldprint is to renew fieldprint on time. I create a reminder ~~list~~ on my calender to check on when to renew the fieldprint. Did not meet DOH – ~~My future plan~~ Fieldprint told caregive if caregiver dont receive ~~result~~, 3 that means Fieldprint result was sent to DOH	3/10/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** HM #1 – No initial/annual tuberculosis (TB) clearance. TB risk assessment and attestation screening form was signed and dated by physician on 8/28/25. There is no other test result. Please submit a copy with your POC.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes I did correct this deficiency on march 5 2026. I bring (HM) for skin test at minute clinic.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** HM #1 – No initial/annual tuberculosis (TB) clearance. TB risk assessment and attestation screening form was signed and dated by physician on 8/28/25. There is no other test result. Please submit a copy with your POC.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar deficiency from recurring to always have HH#1 TB Test test done on time for revisit. Copy of TB test result is enclosed. I'm going to used a checklist to obtain initial TB clearance	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** No menu posted.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected the deficiency, & posted my menus on 10/15/25 in the kitchen and dining area.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** No menu posted.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar deficiency from recurring to always do have a menus for the residents everyday and it is always available for review.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** Lunch was chicken sandwich, chicken nuggets, french fries, and soda. Menu was not available at home. No menu substitution recorded.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** Lunch was chicken sandwich, chicken nuggets, french fries, and soda. Menu was not available at home. No menu substitution recorded.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency for nurring to always have a menu substetution recorded for resients. I create a reminder list on my calendar To check and To have a menu substetution record.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Medication for all residents was left on a dining table unsecured upon department arrival.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** All the medication record is now all at the medication cabinet locker. medication is stored in lock cabinet.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Medication for all residents was left on a dining table unsecured upon department arrival.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I make sure all the residents medication will not be on the dining table, a reminder has been placed on my calendar list to check residents medication will be on medication locker for the department to review.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Most recent order 6/19/25 was "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Indication for as needed use was not included.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected trazadone 100 mg included 1 tablet orally daily as needed at bedtime I obtained an updated order.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Most recent order 6/19/25 was "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Indication for as needed use was not included.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I am going to prevents similar deficiency from recurring To always follow doctors order for Trazodone 100 mg 1 tablet ~~orally~~ orally as ~~need~~ needed on I will review medication orders at least once a month if clarification is needed I will contact the physician with in 24 hrs.	3/10/25 6/ 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – only available medication order was dated 6/19/25. No previous orders signed/dated by physician was available. PCG stated physician reviewed the medication list on 1/13/25 at office visit, but did not obtain signature.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – only available medication order was dated 6/19/25. No previous orders signed/dated by physician was available. PCG stated physician reviewed the medication list on 1/13/25 at office visit, but did not obtain signature.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I am going to prevent from similar defficiency from recurring on phsicians medication order and to ask doctors signation every doctors visits. I will review medication orders at least once a month. if clarification is need I will contact the physicean with in 24hrs	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Most recent order 6/19/25 is "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Medication administration record (MAR) lists "Trazodone 50mg take 1 tab h.s." Order and MAR were not consistent.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes I did corrected this Defficiency, I follow doctors order for Trazodone 100mg take 1 tab daily as needed at h.s. and Trazodone 50 mg take 1 tab h.s. and recorded at medication administration Record everyday. MAR was corrected	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Most recent order 6/19/25 is "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Medication administration record (MAR) lists "Trazodone 50mg take 1 tab h.s." Order and MAR were not consistent.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency to always follow the doctors medication order and to record at medication record everyday. I will review medication orders on MAR at least one a month to make sure medication is given as ordered and recorded.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – PPD positive result 6/21/25. Chest x-ray was scheduled on 6/24/25, but result was not available at care home.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 - Most recent order dated 6/19/25 is "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Per MAR, the medication was given daily. No progress notes made for resident's response to medication and reasons why it was given daily.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 - Most recent order dated 6/19/25 is "trazodone tab 100mg sig: 1 tablet orally daily as needed at bedtime." Per MAR, the medication was given daily. No progress notes made for resident's response to medication and reasons why it was given daily.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency from recuring on Trazodone 100 mg 1 tab orally daily as needed at bedtime I will take notes in my progress notes for the residents responds to medication and to why the reason it was given daily. Documents on review poqress notes at least once a month and I will documents as needed.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – August 2025 progress notes were filled partially, not completed/signed/dated by PCG.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – August 2025 progress notes were filled partially, not completed/signed/dated by PCG.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I am going to prevent from similar deffiliency from reuring to always complete my progress notes, not partial. I will review my progress notes 2-3 times to make sure its not incomplete	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information sheet not up to date.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected the Emergney information sheets right after Inspection Sept. 11, 2025. I complete the information sheets form by filling up the Information sheet To be completed.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information sheet not up to date.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency on completing the Emergency Information sheet a reminder has been placed on my calender to ensure the Emergency information sheets will be completed.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – A current list of resident's belongings was last recorded 8/2/20.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected the current list of residents belonging on Sept. 11, 2025. I completed the list of residents belonging I counted all the belongings of the resident.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – A current list of resident's belongings was last recorded 8/2/20.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency from recurring on a current list of residents belonging. A reminder has been on my calendar list to ensure the current list of residents belonging to be corrected correctly.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. **FINDINGS** Resident #1 – no record that weight loss of 34 pounds in the past 12 months from 155lbs to 121lbs was reported to physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I did correct this deficiency I record on that weight loss of 34 lbs. in the weights record record sheet on Sept. 11, 2025. Weights loss was reported to the physician.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. **FINDINGS** Resident #1 – no record that weight loss of 34 pounds in the past 12 months from 155lbs to 121lbs was reported to physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar deficiency from recurring on to record the weights loss of the residents into the weights record sheet. I will monitor weight on every months I will report to the physician if there is change in weight 5lbs or more.	3/10/25 6/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** Smoke detectors were not tested in August 2025.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** Smoke detectors were not tested in August 2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar deficiency on smoke detector to be tested regular basis. a reminder has been placed on my calendar to ensure that smoke detector will be tested.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Ceiling light in residents' shower room does not turn on.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes did corrected the ceiling lights in residents shower room, I replaced a new bulb on the ceiling lights in resident shower room right after the inspection Sept. 11, 2025.	3/10/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Ceiling light in residents' shower room does not turn on.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will prevent from similar defficiency on the ceiling light in residents shower room To check the light bulb are working good. A reminder has placed on my calendar to ensure that the lights bulb are working on the ceiling lights in residents shower room. I would change the lights light bulb on the same day.	3/10/25 6/18/26

Licensee's/Administrator's Signature: Josefina Ugalino

Print Name: Josefina Ugalino

Date: 3-10-25

Josefina Ugalino 6/18/2026

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