Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes Care Home	**CHAPTER 100.1**
Address: 94-931-A Lumihoahu Street, Waipahu, Hawaii 96797	**Inspection Date: October 11, 2024 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. 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** PCG, SCG #1-3 – Two (2) consecutive years of Fieldprint clearance unavailable for review	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
☒	§11-100.1-3 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** PCG, SCG #1-3 – Two (2) consecutive years of Fieldprint clearance unavailable for review	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure this does not happen again: We will ensure all Fieldprint clearances for PCG and SCG #1-3 are completed and submitted immediately for year 2 once eligible (Sept 2025). Implement a tracking system with annual reminders for timely renewals. A digital calendar reminder system will be used to alert when renewals are due. Maintain organized records, both digital (Google Drive) and physical, for easy access and for backup.	10/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1 – Resident evaluated by physician and determined to be "independent" level of care on physical exam (6/3/24), DOH OHCA Level of Care Evaluation Form (6/3/24), and Physician Order Sheet (6/3/24). Individual does not meet level of care to be residing in facility. Submit a copy of updated level of care evaluation form or evidence of resident discharge with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 was re-evaluated by their physician to confirm their current level of care. The updated Level of Care Evaluation Form and Physician Order Sheet now reflect that the resident meets the required level of care for a Type I ARCH. A copy of the updated evaluation form will be submitted to the department by mail.	10/31/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1 – Resident evaluated by physician and determined to be "independent" level of care on physical exam (6/3/24), DOH OHCA Level of Care Evaluation Form (6/3/24), and Physician Order Sheet (6/3/24). Individual does not meet level of care to be residing in facility. Submit a copy of updated level of care evaluation form or evidence of resident discharge with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will retrain and review with staff on admission policies and procedures to ensure compliance with §11-100.1-10 and avoid admitting residents who do not meet the appropriate level of care. Besides the PCG, we will also designate a substitute caregiver to oversee and verify all required documentation to ensure it is accurate and up to date and in compliance with the departments policies.	10/20/2024

	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 – Physician's order dated 6/3/24-6/13/24 states, "Vitamin D3 5000IU qd"; however, MAR shows "Vitamin D2 2000iu tab. 1 tab po qd" was administered daily during this time period	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. (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 – Physician's order dated 6/3/24-6/13/24 states, "Vitamin D3 5000IU qd"; however, MAR shows "Vitamin D2 2000iu tab. 1 tab po qd" was administered daily during this time period	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will implement a double check system (PCG & a SCG) on receipt of medication to ensure accuracy between the physician's orders and MAR. Also, retraining to all regarding medication administration on proper documentation and verification of physician orders to ensure accurate dispensing of medications. Agree to use a log book for reporting and addressing medication order errors so a trail is established. This will be used to prevent future occurrences, correct errors promptly and prevent discrepancies.	10/20/2024

	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 – Per MAR, between 6/6/24-9/30/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was administered without the time of administration, only indication noted is "AM" or "PM" and sometimes administered twice daily. Unable to determine if 6 hour wait period between twice daily doses were followed.	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. (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 – Per MAR, between 6/6/24-9/30/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was administered without the time of administration, only indication noted is "AM" or "PM" and sometimes administered twice daily. Unable to determine if 6 hour wait period between twice daily doses were followed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining all to accurately document the exact time of medication administration in the MAR, ensuring compliance with the prescribed dosing schedule, including required intervals. The PCG will instruct a SCG to a weekly audit of the MAR to ensure times are recorded and dosing intervals were followed.	10/20/2024

	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 – MAR shows between 6/5/24-6/12/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was offered and/or administered; however, no physician's order available to administer.	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. (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 – MAR shows between 6/5/24-6/12/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was offered and/or administered; however, no physician's order available to administer.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining and Training. We will verify all medications with physicians orders before administration. Re-emphasize on the importance of administering medications only with proper orders. PCG will conduct weekly audits of MARs and orders to ensure compliance. Establish CLEAR communication with physicians to obtain and document orders promptly.	10/20/2024

	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 – MAR from admission to current day (10/11/24) shows "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" is being made available; however, PRN indication is unavailable. Submit a copy of updated medication order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** "Albuterol PRN" was listed on R1 medications list at admission. Clarified with PCG on 6/13/2024 and obtained a list of medications. Will send the copy of the document to the department by mail.	12/02/2024

	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 – MAR from admission to current day (10/11/24) shows "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" is being made available; however, PRN indication is unavailable. Submit a copy of updated medication order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining the staff to not accept partial medication orders on admission. I'll review the process with the staff so that they are better informed. I'll also designate a staff member to verify that all medication orders are complete before they are added to the MAR.	10/20/2024

	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 – MAR from admission to current day (10/11/24) shows "VentolinHFA 90/mcginh 1-2 puffs inhaled q 6hr prn" is being made available; however, PRN indication is unavailable Submit a copy of updated MAR with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Ventolin HTA" was listed on R1 medications list at admission. Clarified with PCG on 6/13/2024 and obtained a list of medications. Will send the copy of the document to the department by mail.	12/02/2024

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☒	§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 – MAR from admission to current day (10/11/24) shows "VentolinHFA 90/mcginh 1-2 puffs inhaled q 6hr prn" is being made available; however, PRN indication is unavailable Submit a copy of updated MAR with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining the staff to not accept partial medication orders on admission. I'll review the process with the staff so that they are better informed. I'll also designate a staff member to verify that all medication orders are complete before they are added to the MAR.	10/20/2024

	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 – MAR shows "VentolinHFA 90/mcginh 1-2 puffs inhaled q 6hr prn" administered on 6/6/24, 6/18/24, 7/11/24, and 10/4/24; however, dosage administered (1 or 2 puffs) not indicated	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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☒	§11-100.1-15 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 – MAR shows "VentolinHFA 90/mcginh 1-2 puffs inhaled q 6hr prn" administered on 6/6/24, 6/18/24, 7/11/24, and 10/4/24; however, dosage administered (1 or 2 puffs) not indicated	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to consistently document exact PRN dosages in the MAR immediately after administration. Clear protocols will be implemented to ensure proper recording, and weekly reviews of PRN entries will be conducted to verify accuracy. PRN documentation will also be included in regular medication audits to ensure compliance and prevent future errors.	10/20/2024

	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 – Physician's order dated 8/30/24-9/30/24 states, "continue D3-5 once daily"; however, medication order incomplete and did not include the dosage to administer.	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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☒	§11-100.1-15 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 – Physician's order dated 8/30/24-9/30/24 states, "continue D3-5 once daily"; however, medication order incomplete and did not include the dosage to administer.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to ensure all physician orders are complete and include specific dosages before being added to the MAR or administered. A checklist/log will be implemented during order reviews to verify completeness, and any incomplete orders will be clarified with the prescribing physician immediately. Weekly audits of medication orders and MAR entries will be done to ensure compliance	10/24/2024

	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 – Physician's order dated 6/3/24 states, "Albuterol PRN" and "Ventolin 2 puffs PRN"; however, medication orders were incomplete and did not include dosage to administer and frequency of administration. Complete medication orders later provided.	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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☒	§11-100.1-15 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 – Physician's order dated 6/3/24 states, "Albuterol PRN" and "Ventolin 2 puffs PRN"; however, medication orders were incomplete and did not include dosage to administer and frequency of administration. Complete medication orders later provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to not accept partial medication orders on admission. Will review with staff to be more informed. Will designate a SCG to verify all medication orders for completeness before they are added to the MAR.	10/20/2024

	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 – Per MAR, between 6/6/24-10/4/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was administered; however, resident's response to treatment was not documented	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 – Per MAR, between 6/6/24-10/4/24, "Albuterol Sulfate 2.5mg 3ml nebulizer q 6hr prn" was administered; however, resident's response to treatment was not documented	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to properly document residents responses to all PRN medications, including treatments like nebulizers, immediately after administration. A protocol will be implemented requiring detailed progress notes that include observations of the resident's response in a log book, with specific emphasis on PRN medications. Weekly audits of progress notes and MAR entries will be conducted to ensure proper documentation.	10/20/2024

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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 – Resident's observed response to daily medications not documented in monthly progress notes	**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 – Resident's observed response to daily medications not documented in monthly progress notes	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to properly document residents responses to all medications, including treatments diet and care, immediately after administration. A protocol will be implemented requiring detailed progress notes that include observations of the resident's responses. Monthly audits of progress notes will be conducted to ensure proper documentation.	10/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – MAR legend does not include full name of caregiver initialing off MAR as the person administering medication Submit a copy of revised MAR legend with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The MAR legend has been revised to include the full name and title of each caregiver corresponding to their initials.	11/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – MAR legend does not include full name of caregiver initialing off MAR as the person administering medication Submit a copy of revised MAR legend with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining to ensure the MAR legend includes the full name of each caregiver initialing medication administration entries. A standardized format for MAR legends will be implemented, requiring full caregiver names and initials. Regular audits of the MAR will be conducted to confirm compliance, and any omissions will be corrected immediately. CURRENT MAR LEGEND: Initials Full Name Title [redacted] PCG [redacted] SCG [redacted] SCG EF = Effective NE = Not effective	11/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** Resident #1 – Physician visits attended on 7/1/24 and 9/27/24 not documented in progress notes	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)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** Resident #1 – Physician visits attended on 7/1/24 and 9/27/24 not documented in progress notes	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining on the importance of documenting all professional visits and consultations, including physician visits, in residents progress notes. A standardized protocol will be implemented requiring staff to log each visit immediately after it occurs, detailing the date, time, and purpose of the visit. Regular audits of resident progress notes will be conducted to ensure all visits are recorded, and any omissions will be addressed promptly to maintain compliance.	10/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(R) Residents' rights and responsibilities: Each resident shall: Have flexible daily visiting hours and provisions for privacy established; **FINDINGS** Resident #1 – Visiting hours not established in writing and included in general operating policy (GOP) Submit a copy of updated GOP including visiting hours with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The General Operating Policy (GOP) has been updated to include written visiting hours, specifying flexible daily hours to accommodate residents and their families while ensuring provisions for privacy. The updated GOP will be mailed to the department.	12/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(R) Residents' rights and responsibilities: Each resident shall: Have flexible daily visiting hours and provisions for privacy established; **FINDINGS** Resident #1 – Visiting hours not established in writing and included in general operating policy (GOP) Submit a copy of updated GOP including visiting hours with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The General Operating Policy (GOP) will be reviewed annually to ensure it includes clearly written and flexible visiting hours, along with provisions for privacy. Staff will be trained to communicate these policies to residents and families during admission and orientation. Any updates to the GOP will be promptly documented and shared with all staff and residents to maintain compliance and consistency moving forward.	10/20/2024

Licensee's/Administrator's Signature: Corazon S. Reyes

Print Name: Corazon S. Reyes

Date: 12/02/2024