Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Serenity Hawaii Carehome LLC** | **CHAPTER 100.1** |
| **Address:**<br>**94-559 Apii Place, Waipahu, Hawaii 96797** | **Inspection Date: January 17, 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 |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(3)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be currently certified in first aid;<br><br>**FINDINGS**<br>Substitute caregiver (SCG) #1- No documentation of current first aid certification.<br>*Submit a copy with your plan of correction (POC).* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I got a copy for (SCG#1) first aid certificate and placed it in the care givers binder. | 2/10/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(3)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be currently certified in first aid:<br><br>**FINDINGS**<br>Substitute caregiver (SCG) #1- No documentation of current first aid certification. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have made a care givers checklist for the binder and placed a note to remind me to check for upcoming certificates renewal. This will be placed on the front of the care givers binder and I will be responsible for reminding them. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>SCG #2 – No record of PCG training to make prescribed medications available to residents.<br>*Submit documentation with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I have trained (SCG#2) on how to make prescribed medication available to residents and I will place a copy in the care givers binder. | 1/17/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>SCG #2 – No record of PCG training to make prescribed medications available to residents. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I have created a checklist that has included the SCG training form to be completed prior to starting work and this will be placed in the care givers binder. | /1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>SCG #1 – No documentation of current cardiopulmonary resuscitation (CPR) certification.<br>*Submit documentation with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>SCG#1 Completed CPR training and a copy placed in the care givers binder. | 1/18/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>SCG #1 – No documentation of current cardiopulmonary resuscitation (CPR) certification. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have made a checklist for the care givers binder and placed a note to remind me of renewal dates for certificates. I will remind the care givers to update certificates and I will placed them in the care givers binder. | 1/18/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (i)<br>Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.<br><br>**FINDINGS**<br>Resident #2 - No documentation that the diet order was renewed annually (2024) with the physician.<br>*Submit a copy of the renewed diet order with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>The PCP signed the diet order for resident #2 and I put the order in the resident chart. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (i)<br>Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.<br><br>**FINDINGS**<br>Resident #2 - No documentation that the diet order was renewed annually (2024) with the physician. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have added the diet with the list of medications on the physician order forms for the PCP to sign on the next resident visit and the foem placed in the chart. I have placed a note on the resident binder to remind me to have the diet order renewed yearly. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-14 Food sanitation. (a)<br>All food shall be procured, stored, prepared and served under sanitary conditions.<br><br>**FINDINGS**<br>Expired food items condiments located in the fridge and food pantry - chili oil exp 11/14/24, strawberry preserves exp 4/7/24, bottled lemon juice exp 11/25/24, chicken bouillon exp 11/25/24. Please check your fridge and food pantry for expired foods condiments. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I removed all expired items from refrigerator and pantry and placed in the trash can. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-14 Food sanitation. (a)<br>All food shall be procured, stored, prepared and served under sanitary conditions.<br><br>**FINDINGS**<br>Expired food items condiments located in the fridge and food pantry chili oil exp 11/14/24, strawberry preserves exp 4/7/24, bottled lemon juice exp 11/25/24, chicken bouillon exp 11/25/24. Please check your fridge and food pantry for expired foods/condiments. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will use my calendar as my tool to remind me to check for expired items once a month . By marking check fridge on the last day of the month. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (b)<br>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.<br><br>**FINDINGS**<br>Xalatan eye drops supply unsecured in the refrigerator. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I bought a locked box to store the eye drops and placed in the refrigerator. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (b)<br>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.<br><br>**FINDINGS**<br>Xalatan eye drops supply unsecured in the refrigerator. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I put a note on the locked med box to keep locked at all times. This will be checked daily and I will be responsible for this. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(1)<br>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:<br><br>Documentation of primary care giver's assessment of resident upon admission;<br><br>**FINDINGS**<br>Resident #2 - No PCG assessment completed following readmission into the care home on 4/25/24.<br><br>Resident #4 – PCG assessment was completed the following day of admission on 3/3/24. | **PART 1**<br><br>**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. (a)(1)<br>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:<br><br>Documentation of primary care giver's assessment of resident upon admission;<br><br>**FINDINGS**<br>Resident #2 - No PCG assessment completed following readmission into the care home on 4/25/24.<br><br>Resident #4 – PCG assessment was completed the following day of admission on 3/3/24. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>From now oni will use the admission checklist that was given to me by DOH. This will be used for admission and readdmmission of residents. I will complete assessment form upon admission and I will double check to make sure the completion date is correct. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(4)<br>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:<br><br>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:<br><br>**FINDINGS**<br>Resident #4 - No initial (2-step) tuberculosis (TB) clearance - one skin test completed on 2 6 24. | **PART I**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Resident was taken via private car to Lanakila health center for TB test. TB skin test completed . | 4/9/25 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(4)<br>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:<br><br>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;<br><br>**FINDINGS**<br>Resident #4 - No initial (2-step) tuberculosis (TB) clearance – one skin test completed on 2/6/24. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will use the checklist given to me by DOH.Prior to resident admission i will check for the 2 step TB clearance and if none i will not admit resident until it's completed. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(8)<br>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:<br><br>A current inventory of money and valuables.<br><br>**FINDINGS**<br>Resident #4 - List of valuables or belongings unavailable for review.<br>*Submit documentation with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I have updated resident #2 valuables | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(8)<br>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:<br><br>A current inventory of money and valuables.<br><br>**FINDINGS**<br>Resident #2 - List of valuables or belongings unavailable for review.<br>*Submit documentation with your POC* | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will placed a note on Resident #2 binder to remind me to update valuable and belongings yearly and as the receive new items. I will be responsible for this . | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Resident #2 - No record of annual (2024) physical exam (PE). | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Resident #2 ,completed his PE. | 12/11/24 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Resident #2 - No record of annual (2024) physical exam (PE). | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have posted a note on resident #2 binder to remind me of annual PE requirements that includes renewal date and placed in binder. | 1/18/25 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Residents #2 and #3 - No record of annual (2024) TB clearance. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I will take resident via private car to have TB test administered. Resident #2 and Resident #3. | 4/23/25 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Residents #2 and #3 - No record of annual (2024) TB clearance. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I placed a note on resident #3 binder to remind me of the annual TB clearance. I will be responsible for this. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 - Behaviors of resisting/refusing oral care and shower not documented in the progress notes.<br><br>Resident #2 – Progress notes did not include the following documentation:<br>- the events leading up to the resident's urgent care visit and hospitalization.<br>- response to antibiotic treatment following hospitalization for bacteremia. | **PART 1**<br><br>**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)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 - Behaviors of resisting/refusing oral care and shower not documented in the progress notes.<br><br>Resident #2 – Progress notes did not include the following documentation:<br>- the events leading up to the resident's urgent care visit and hospitalization.<br>- response to antibiotic treatment following hospitalization for bacteremia. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have developed a list of things to document on my progress notes. Such as response to meds, hospital admission and antibiotics treatment. I will refer to this list when documenting progress notes. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (c)<br>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.<br><br>**FINDINGS**<br>Resident #2 - No incident report was recorded following the urgent care visit per progress notes dated 4/29/24. | **PART 1**<br><br>**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. (c)<br>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.<br><br>**FINDINGS**<br>Resident #2 - No incident report was recorded following the urgent care visit per progress notes dated 4 29 24. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>From now on I will fill out the incident report 24-48 hours for residents requiring medical care or emergencies. I have posted a note by the printer stating for incident reports filled out 24 -48 hours. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (004)<br>General rules regarding records:<br><br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><br>**FINDINGS**<br>Resident #2 - PCG assessment form was not signed by the resident or resident's representative.<br>*Submit a copy of the documentation with your POC.*<br><br>Resident #2 - No completed and signed financial agreement<br>*Submit a copy of the documentation with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I had the POA sign the financial agreement form for resident #2. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (f)(4)<br>General rules regarding records:<br><br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><br>**FINDINGS**<br>Resident #2 - PCG assessment form was not signed by the resident or resident's representative.<br><br>Resident #2 - No completed and signed financial agreement | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>From now on I will use the updated addmmiission checklist stating to have POA sign financial agreement form on addmmiission. I will be responsible for having checklist completed. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (h)(1)<br>Miscellaneous records:<br><br>A permanent general register shall be maintained to record all admissions and discharges of residents;<br><br>**FINDINGS**<br>Resident #2 - Records show resident was hospitalized from 4/19/24-4/25/24 and returned to the care home on 4/25/24. Readmission and discharge not reflected on the resident register.<br>*Submit a copy of the updated register with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I have update my resident register for resident #2 on his discharge and admission. | 1/18/25 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (h)(1)<br>Miscellaneous records:<br><br>A permanent general register shall be maintained to record all admissions and discharges of residents:<br><br>**FINDINGS**<br>Resident #2 - Records show resident was hospitalized from 4/19/24-4/25/24 and returned to the care home on 4/25/24. Readmission and discharge not reflected on the resident register. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>. I have posted a note on printer stating update resident register when being discharged or readmitted to care home. I am responsible for this. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)<br>The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.<br><br>**FINDINGS**<br>Observed a big tear on the wall in the resident's bathroom.<br>*Submit proof of correction with your POC.* | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I temporarily placed a thin plywood over the small hole in the bathroom. I contacted the landlords and was told a contractor will be hired to fix it | 1/17/25 |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)<br>The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.<br><br>**FINDINGS**<br>Observed a big tear on the wall in the resident's bathroom. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>From now on , once I notice a resident ramming his walker into the wall I will address it immediately. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B)<br>Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;<br><br>**FINDINGS**<br>Bedroom #3 (private room) mattress no upper and lower sheet. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I have put the fitted sheet plus draw sheet for bedroom #3. | 1/17/25 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:<br><br>**FINDINGS**<br>Bedroom #3 (private room) mattress no upper and lower sheet. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I have add put fitted and top sheet on all beds to the house keeping list. I will check beds every day to insure that this is done. I will be responsible. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B)<br>Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident.<br><br>**FINDINGS**<br>Bedrooms #1 & #2 pillows no pliable plastic cover; observed yellow stains on pillows. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I have bought new pillows for all residents and put their names on each one. | 1/17/25 |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B)<br>Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident.<br><br>**FINDINGS**<br>Bedrooms #1 & #2 - pillows no pliable plastic cover; observed yellow stains on pillows. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will add this to the house keeping list to ensure that all pillows have plastic or their names on the personal pillows. | Apr 18, 2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-88 Case management qualifications and services. (c)(2)<br>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:<br><br>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:<br><br>**FINDINGS**<br>Resident #1 - Care plan for self-care deficit did not address all the ADL needs such as oral care, grooming, shower bathing. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I had the case manager update the care plan for resident #1. Case manager also added it to the care plan. | 1/17/25 |

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|---|---|---|---|
| ☒ | §11-100.1-88 Case management qualifications and services. (c)(2)<br>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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 - Care plan for self-care deficit did not address all the ADL needs such as oral care, grooming, shower/bathing. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>We have developed a communication log between CHO and RN case management. I will be responsible for checking the communication log and updating the case manager and revise care plan as needed. | 1/17/25 |

Licensee's/Administrator's Signature: _____

Print Name: Lawrence Edward Evans

Date: 04/16/2025

Licensee's/Administrator's Signature: 

Print Name: Lawrence Edward Evans 3rd

Date: Apr 18, 2025