

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nonales'	CHAPTER 100.1
Address: 1035 Kukila Street, Honolulu, Hawaii 96818	Inspection Date: September 12, 2017 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.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'18 AUG 14 AM 11:23

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute care giver (SCG) #2, no evidence prior positive skin test and chest x-ray results. Annual tuberculosis (TB) clearance by "TB Risk Assessment & Attestation Screening Form" (2/22/17) is incomplete.</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>	<p style="text-align: center;">'18 AUG 14 AM 1:23</p>

STATE OF NEW HAMPSHIRE
DEPARTMENT OF
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2, no evidence prior positive skin test and chest x-ray results. Annual tuberculosis (TB) clearance by "TB Risk Assessment & Attestation Screening Form" (2/22/17) is incomplete.</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>When new caregiver submit the requirements. Check forms if all blank are filled completely and fill it in care Home Folder, ready for dept. check.</i></p>	<p style="text-align: right;">18 AUG 14 AM 11:23</p> <p style="text-align: right;">STATE OF MICHIGAN DOT-0001 STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> No probe covers for thermometer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected my deficiency on 9/13/17 I went to the store and bought a thermometer cover and I put it in side First Aid kit.</i></p>	<p><i>9/13/17</i></p>

STATE OF FLORIDA
 DOI-FHQA
 STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> No probe covers for thermometer.</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>First Aid Kit for emergency use will be checked at the same time after fire drill which is monthly. After I used the last supply I will replace right away so that First Aid Kit will always available and complete for use. A check list will be posted on top of emergency kit.</p>	<p>9/13/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS No procedure to document menu substitutions.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>For food that I served, I wrote down in the back of my menu, which is Meal substitution Record.</i></p>	<p><i>9/12/17</i></p> <p style="text-align: right;">18 AUG 14 AM 11:24</p> <p style="text-align: right;">STATE OF HAWAII DOH ONDA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No procedure to document menu substitutions.</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>whenever meal substitution will be made, write down in the back of care home menu right away. Write down the date, Menu #, Menu Item, substitution, when substitute will serve food for the Resident as a Primary caregiver always remind abt about the meal substitution is at the back of the Menu tell her to write down substitution right away.</i> </p> <p style="text-align: right;"> <small>STATE OF HAWAII DON CHOI STATE LICENSING</small> </p>	<p style="text-align: center;"><i>9/12/17</i></p> <p style="text-align: right;"> <small>*18 AUG 14 AM 1:24</small> </p> <p style="text-align: right; font-size: small;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Bleach stored in a bottle labeled incorrectly. Label reads, "Nature Well Moisturizing Extra Virgin Coconut Oil Body Wash." Container unsecured in the kitchen sink.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>as soon as my consultant left, I removed the bottle of concentrated bleach from the sink. I labelled it to concentrated bleach and stored it to my secured storage with lock.</i></p>	<p><i>9/12/17</i></p> <p style="text-align: right;">'18 AUG 14 AM 1:24</p> <p style="text-align: right;">STATE OF HAWAII DHP/DHSA STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1, "<u>PRN</u>" hand written on medication bottle cap. Order dated 7/26/17, 8/22/17 reads, "Olanzapine 1.25 mg one tablet <u>at bedtime PRN.</u>" However, Pharmacy generated label reads, "Olanzapine 2.5 mg one tablet <u>at bedtime.</u>"</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>	<p style="text-align: right;">18 AUG 14 AM 12:24 STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1, "<u>PRN</u>" hand written on medication bottle cap. Order dated 7/26/17, 8/22/17 reads, "Olanzapine 1.25 mg one tablet <u>at bedtime PRN.</u>" However, Pharmacy generated label reads, "Olanzapine 2.5 mg one tablet <u>at bedtime.</u>"</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>When new patient will be admitted in my home, I will check medication bottle level with ^{if it} match with admission list medication signed by Physician. IF doesn't match I call via telephone the Physician who ordered residents medication to call Pharmacy for new order of Resident's medication that doesn't match. As a caregiver I don't have the right to write ^{label} in Resident Prescription medication ^{bottle}. Only pharmacist authorized from Physicians.</p>	<p>9/12/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, no order for medication made available. The medication administration record reads "Olanzapine <u>2.5 mg</u> one tablet at bedtime" made available 8/22/17 to 9/11/17.</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>	<p style="text-align: right;">RECEIVED STATE OF MISSISSIPPI AUG 14 01 24 '18</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, no order for medication made available. The medication administration record reads "Olanzapine 2.5 mg one tablet at bedtime" made available 8/22/17 to 9/11/17.</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>When I admit a new patient and doesn't have an order of medication from the Physician, I won't give to give to the patient. I will call Resident's Physician who ordered that medicine tell him to call Pharmacy for a new medication prescription order. For PRN medication I will write the time that I gave the medicine in and document it the next in Progress note.</p> <p>In the MAR I will write down new order of Resident's medication and Remove the old Resident's medication.</p>	<p>9/12/17</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, PCG transcribed an <u>incomplete</u> medication order. Order dated 9/22/17 reads "Bupropion 150 mg by mouth daily." Bottle label dated 8/11/17 reads, "Bupropion HCL SR tab 150 mg, <u>take one tablet</u> daily as directed."</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>	<p style="text-align: right;">18 AUG 14 AM 12:24 STATE OF MA 03-01-17 STATE BOARD</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> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Discharged Resident #2, unusual events occurred on 3/30/17 and 3/29/17. Incident reports filed in the resident's record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>As soon as consultant left, Resident incident Report and needed discharge of the patient was filled back to care Home Folder, separate cover, incident Report, from the Resident folder.</i></p>	<p style="text-align: right;"><i>9/12/17</i></p> <p style="text-align: right;">18 AUG 14 AM 1:25</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Discharged Resident #2, unusual events occurred on 3/30/17 and 3/29/17. Incident reports filed in the resident's record.</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>When I discharged a patient, I can just leave Incident Report in care Home folder, separate cover under incident report ready for review. Should be kept w/out resident will be placed forever for future record.</i></p>	<p style="text-align: right;">18 AUG 14 AM 12:55</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</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)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Bedroom #3, facility records for discharged residents found unsecured in a closet of a bedroom licensed for resident use. Resident #1 is the occupant in Bedroom #3.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by removing all ^{previous} residents records and boxes that was stored. I stored it in my room safety with lock in a filing cabinet. Residents who records were discharged 7 years ago and expired, records was shredded and thrown away.</i></p>	<p><i>9/13/17</i> <i>8/9/18</i></p> <p style="text-align: right;">*18 AUG 14 AM 1:25</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right; transform: rotate(-90deg);">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Bedroom #3, facility records for discharged residents found unsecured in a closet of a bedroom licensed for resident use. Resident #1 is the occupant in Bedroom #3.</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>whoever Resident occupying the room, they are the only one using who can use the closet. For keeping clothes and belongings.</i></p>	<p style="text-align: right;">18 AUG 14 AM 1:25</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</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 specific charge for the cost of services listed in the signed operational agreement.</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><i>During admission when General Operational Policy will be reading and discuss to the family I will reach the rates for services on page 9 that's when I write down the amount of Resident charge of services monthly. I will write down both copy of family and Resident's copy, same time.</i></p>	<p style="text-align: center;"><i>9/12/17</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #1, closet used to store equipment. Occupant uses a walker. Two (2) additional walkers and a cane remain in closet following discharge of former care home residents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I removed the 2 walkers and 1 cane and stored it in my home storage. After one week family of the patient that was discharge came to pick it up.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ODHA STATE LICENSING</p>	<p style="text-align: center;"><i>9/12/17</i></p> <p style="text-align: center;">18 AUG 14 AM 1:25</p> <p style="text-align: right; font-size: small;">RECEIVED</p>

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Licensee's/Administrator's Signature: Lilia Nonaies

Print Name: LILIA NONALES

Date: Aug. ¹⁴ 8, 2018

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

18 AUG 14 AM 11:25

RECEIVED

Licensee's/Administrator's Signature: Lilia Nonaies

Print Name: LILIA NONALES

Date: Sept. 26, 2018