

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> HAVEN	<b>CHAPTER 100.1</b>
<b>Address:</b> 4475 Lua'ole Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> May 9, 2018 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.**

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19 JUN -5 10:44:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #5 and #6, first aid certifications expired on 4-23-18.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>acquired their First Aid Certification on May 3, 2018.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT

19 APR -5 2:15

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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> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #5 and #6, first aid certifications expired on 4-23-18.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>use the tracking form.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT

19 APR -5 P4:15

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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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCGs #1, #2, #3, #4, #5 and #6, no substitute care giver training by the primary care giver (PCG) for safe medication administration and personal care to residents. Repeat deficiency from 2017.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Trained my substitutes one by one for safe medication administration.</i></p> <p><i>no personal care because my residents are able to do their own ADLs.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

19 APR -5 P4:15

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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> (e)(4)            The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b>            SCGs #1, #2, #3, #4, #5 and #6, no substitute care giver training by the primary care giver (PCG) for safe medication administration and personal care to residents. Repeat deficiency from 2017.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Provide training before contact with residents.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
 STATE COMMISSION ON  
 SENIOR SERVICES

19 APR -5 PM 4:15

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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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCGs #1 and #2, no current cardiopulmonary resuscitation certifications. Certificates expired on 4-23-18.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Acquired CPR certification on May 31, 2018.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF NEW YORK  
STENOGRAPHY

19 APR -5 P4:15

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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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCGs #1 and #2, no current cardiopulmonary resuscitation certifications. Certificates expired on 4-23-18.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Use the tracking form to keep track of expiration data.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

19 APR -5  
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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> (f)(4) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide recreational programs as developed;</p> <p><b><u>FINDINGS</u></b> Resident #1, no recreational activities developed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Created recreational activities for resident according to her preference.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: center;">19 APR -5 P4:16</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p> <p style="text-align: center;">RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(4) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide recreational programs as developed;</p> <p><b><u>FINDINGS</u></b> Resident #1, no recreational activities developed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Upon admission, create a recreational activities schedule with resident.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF NEW YORK  
 DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><b><u>FINDINGS</u></b> No menu posted in the resident dining area.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Posted menu in the resident dining area.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
STATE LICENSING

19 APR -5 P4:16

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><b><u>FINDINGS</u></b> No menu posted in the resident dining area.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Will change menu every Saturday night and post it in the kitchen and dining area.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 19 APR - 5 PM '16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (I)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no special diet made available. Physician order (7/1/17) reads, "NO ADDED SALT/ DM DIET." However, PCG assessment (7/14/17) reads, "REGULAR DIET."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Physician order on 7/13/17  (day before admission)  was regular diet.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, no special diet made available. Physician order (7/1/17) reads, "NO ADDED SALT/ DM DIET." However, PCG assessment (7/14/17) reads, "REGULAR DIET."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) Check the diet <sup>order</sup> of the resident</p> <p>2) Check with the Registered Dietitian if there are any questions or problems for the PCG to understand the special diet order.</p> <p>3) Follow a menu for the special diet ordered.</p>	<p style="text-align: right;">4/5/19</p> <p style="text-align: right;">19 APR -5 P4:16</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIETY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Food supplies stored on the floor as follows:</p> <ol style="list-style-type: none"> <li>1. Kitchen 2<sup>nd</sup> floor, bottles of juice and a pumpkin.</li> <li>2. Bedroom #2, case of water.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Cleared the floor of any kinds of foods.</i></p> <p><i>placed the case of water on <sup>top</sup> of her compact refrigerator.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food supplies stored on the floor as follows:</p> <ol style="list-style-type: none"> <li>1. Kitchen 2<sup>nd</sup> floor, bottles of juice and a pumpkin.</li> <li>2. Bedroom #2, case of water.</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Explained to the family why we should not leave any kinds of foods on the floor and that we should never leave any kinds of foods on the floor.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

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 PIERCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen (2<sup>nd</sup> floor), no thermometer inside the refrigerator.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Placed thermometer on each of the refrigerator.</i></p>	<p><i>3/29/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Kitchen (2<sup>nd</sup> floor), no thermometer inside the refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Check the temperature each time I open the refrigerator + know that the thermometer is still inside.</i></p>	<p style="text-align: right;"><i>3/29/19</i></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><b><u>FINDINGS</u></b> Toxic chemicals unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. Men's Bathroom – cabinet containing "Raid, Comet, Clorox, Odoban" unsecured. "Airwick" spray bottle on the vanity counter.</li> <li>2. Hallway, spray bottle "Roundup" on the floor.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Took away everything and placed them in the locked cabinet.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

19 APR -5 P 4:16  
 SEARCHED  
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 FBI - MEMPHIS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Toxic chemicals unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. Men's Bathroom – cabinet containing "Raid, Comet, Clorox, Odoban" unsecured. "Airwick" spray bottle on the vanity counter.</li> <li>2. Hallway, spray bottle "Roundup" on the floor.</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Keep toxic chemicals in a locked cabinet always.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><b><u>FINDINGS</u></b>  Resident #1, PRN medication order did not include a need or reason to administer PRN medication for the following:</p> <ol style="list-style-type: none"> <li>1. Order (9/19/17) "Melatonin 3mg 2 tabs at night changed from daily to PRN."</li> <li>2. Order (12/26/17) "Acetaminophen 325 mg 1-2 tabs every four – six hours as needed."</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Clarified and had the doctor put the reason of the changes on the doctor's order.</i></p> <p style="text-align: center;"><i>(Resident moved out)</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT

19 APR -5 P4:16

RESIDENT

	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><u>FINDINGS</u>  Resident #1, PRN medication order did not include a need or reason to administer PRN medication for the following:</p> <ol style="list-style-type: none"> <li>1. Order (9/19/17) "Melatonin 3mg 2 tabs at night changed from daily to PRN."</li> <li>2. Order (12/26/17) "Acetaminophen 325 mg 1-2 tabs every four – six hours as needed."</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Have the doctor write down the reasons for changes on medications.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p> <p style="text-align: right;">19 Apr -5 P4:16</p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
STATE LIBRARIES

PERFORM...

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no activity schedule in the care plan. Repeat citation 2017.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Made an activity schedule according to resident's preference.  (Resident moved out.)</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: center;">19 APR 15 04:16</p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF  STATE DEFENDING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no activity schedule in the care plan. Repeat citation 2017.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Upon admission, make an activity schedule with the resident.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no observations recorded in monthly progress notes regarding resident response to diet or to a plan of care</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Observations made were written down in monthly progress notes. (Resident moved out)</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

STATE OF MARYLAND  
DEPARTMENT OF  
STATE LICENSING

19 APR -5 P4:16

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (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;  <u>FINDINGS</u> Resident #1, no observations recorded in monthly progress notes regarding resident response to diet or to a plan of care.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>On progress notes, observations will be noted down regarding resident's response to diet or to a plan of care.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

19 APR -5 P4:17

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1, emergency data sheet incomplete; no indication of allergy to aspirin and penicillin, no medical history listed (Hypertension, Diabetes Type II, Chronic Kidney Disease, Hyperlipidemia or history of back pain,) no diet, or current TB screening status. Repeat deficiency from 2017.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Completed Emergency Data sheet.</i></p> <p style="text-align: center;"><i>(Resident moved out)</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: right; font-size: small;">19 APR -5 PM:57</p> <p style="text-align: right; font-size: x-small; transform: rotate(90deg);"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1, emergency data sheet incomplete; no indication of allergy to aspirin and penicillin, no medical history listed (Hypertension, Diabetes Type II, Chronic Kidney Disease, Hyperlipidemia or history of back pain,) no diet, or current TB screening status. Repeat deficiency from 2017.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) Upon admission, complete the emergency data sheet.</p> <p>2) When changes <sup>in order</sup> occur, update the form.</p> <p>3) Review and update the form including annual TB status.</p>	<p style="text-align: right;">3/29/19</p> <p style="text-align: right;">19 APR -5 PM:17</p>

	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><b><u>FINDINGS</u></b> Resident records unsecured. File cabinet located in resident living room has a lock; however, the lock was not engaged.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Locked the file cabinet.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

19 APR -5 P 4:17

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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><b>FINDINGS</b>            Resident records unsecured. File cabinet located in resident living room has a lock; however, the lock was not engaged.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>always keep the file cabinet locked.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (b)            The primary care giver shall provide social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interests, needs, and capabilities.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no recreational activities identified.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Set down with the resident and created recreational activities schedule according to her preference.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p> <p style="text-align: right;">*19 APR -5 PM 1:17</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (b)            The primary care giver shall provide social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interests, needs, and capabilities.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no recreational activities identified.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>upon admission, create a recreational activities schedule according to a resident's preference.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: center;">19 APR -5 P4:17</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills rehearsals:</p> <ol style="list-style-type: none"> <li>1. Times did not vary, all drills conducted in morning. Repeat deficiency from 2017.</li> <li>2. For the 2/1/18 rehearsal, duration of the drill not indicated.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">19 APR -5 04:17</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> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills rehearsals:</p> <ol style="list-style-type: none"> <li>1. Times did not vary, all drills conducted in morning. Repeat deficiency from 2017.</li> <li>2. For the 2/1/18 rehearsal, duration of the drill not indicated.</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>We'll do fire drills also in the afternoon and make sure to complete the form.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p> <p style="text-align: right;">19 APR -5 PM 4:17</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b>FINDINGS</b></p> <p>No evidence of cleaning for the following:</p> <ol style="list-style-type: none"> <li>1. Bathroom (men's bathroom), vanity drawers and shelves are dusty and insect excrement noted, live and dead roaches seen under the sink and one (1) live roach on the floor, a dusty box of 1 3/8" steel nails on a vanity shelf, two (2) toilet plungers and a toilet brush on the shower grab bar.</li> <li>2. Bedroom #1, insect excrement noted in the drawer of a bedside stand.</li> <li>3. Bedroom #2, frozen bi-fold sliding closet doors.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Cleaned up the bathrooms and bedrooms and fixed the sliding door of the closet.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF MARYLAND  
 DEPARTMENT OF HEALTH & GENERAL SERVICES  
 19 Apr -5 PM:18  
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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.  Housekeeping:  A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;  <u>FINDINGS</u> No evidence of cleaning for the following: <ol style="list-style-type: none"> <li>1. Bathroom (men's bathroom), vanity drawers and shelves are dusty and insect excrement noted, live and dead roaches seen under the sink and one (1) live roach on the floor, a dusty box of 1 3/8" steel nails on a vanity shelf, two (2) toilet plungers and a toilet brush on the shower grab bar.</li> <li>2. Bedroom #1, insect excrement noted in the drawer of a bedside stand.</li> <li>3. Bedroom #2, frozen bi-fold sliding closet doors.</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Clean the bathroom and bedrooms thoroughly at least once a week.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p> <p style="text-align: right;">19 APR -5 PM 1:18</p>

PR 2019/07/07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A)  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.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b><u>FINDINGS</u></b>  Bedroom #1, personal items from previous residents left in closet (wall mirror) and bedside table (financial documents.)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Removed and thrown away personal items from previous residents.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
STATE HEALTH

19 APR -5 PM 1:18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b><u>FINDINGS</u></b> Bedroom #1, personal items from previous residents left in closet (wall mirror) and bedside table (financial documents.)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Upon discharge, clean and clear up the room if any items the previous resident did not bring with her or him.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p> <p style="text-align: right;">19 APR -5 P4:18</p> <p style="text-align: right;">STATE OF CONNECTICUT</p> <p style="text-align: right;">RECEIVED</p>

	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><b>FINDINGS</b> Bedroom #2, half of the licensed bedroom closet filled with items not belonging to the resident occupying this bedroom. (I.e. set of World Book Encyclopedia, a cane and boxes.)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Cleared up the closet and took away anything not belonging to the resident.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

STATE OF MICHIGAN  
GOV. DENZEL  
STATE LICENSING

19 APR -5 P4:18

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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><b><u>FINDINGS</u></b> Bedroom #2, half of the licensed bedroom closet filled with items not belonging to the resident occupying this bedroom. (I.e. set of World Book Encyclopedia, a cane and boxes.)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Do not store anything in the bedroom not belonging to the resident.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p>

STATE OF CONNECTICUT

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PAGE 4

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Bedroom #3, no plastic pliable pillow cover for bed #1 and bed #2.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Labeled resident's pillows and blanket and added to resident's inventory of possessions.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF INDIANA  
DEPARTMENT OF HEALTH

19 APR -5 P 4:18

PITTSBURGH



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Bedroom #3, no plastic pliable pillow cover for bed #1 and bed #2.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Always keep plastic covers on pillows and label if it is a resident's possession.</i></p>	<p style="text-align: center;"><i>3/29/19</i></p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
CORRECTIONS  
STATE LIBRARIAN

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DEPT. OF CORRECTIONS

Licensee's/Administrator's Signature: Raquel G. Abuan

Print Name: RAQUEL G. ABUAN

Date: 3/29/19

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STATE OF TEXAS  
STATE LICENSING