

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Malamaimua Care Home LLC | CHAPTER 100.1 |
| Address: 47-508 Haanopu Way, Kaneohe, Hawaii 96744 | Inspection Date: April 7, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 JUL 29 P2:48

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary care giver (PCG), substitute care giver (SCG) #1 and household member (HM) - No physical examination. Submit copies for each with the plan of correction (POC).</p> <p>STATE OF HAWAII DOM-CHCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of physical exam. Upon his return SPCG will submit a copy of PCG PE.</p> <p>- SCG #1 is no longer an employee of the care home.</p> <p>- HM moved out.</p> <p>Substitute Primary Care Giver (SPCG)</p> | 7.29.21 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary care giver (PCG), substitute care giver (SCG) #1 and household member (HM) - No physical examination. Submit copies for each with the plan of correction (POC).</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- PCG / Substitute^{and HM} Substitute PCG will have a checklist and will check all required documents for care givers, on file at the care home folder every first week of the month and ensure all documents are current, will notify care givers a month before documents expire and need to submit an updated copy of documents as soon as possible.</p> <p>- I will obtain a copy on the ARCH binder.</p> | <p>7.25.21</p> <p>7.29.21</p> |

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| <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> PCG and HM - No tuberculosis (TB) clearance. Submit a copy for each with the POC.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of TB clearance. Upon his return SPCG will submit a copy of PCG TB clearance.</p> <p>- HM moved out.</p> | <p>7.29.21</p> |

STATE OF HAWAII
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| <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> PCG and HM - No tuberculosis (TB) clearance. Submit a copy for each with the POC.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING 21 JUL 29 PM 2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG / substitute PCG will have a checklist of all required documents needed for ^{SCG + HM} the care home and will ^I be checked every first week of the month if any documents may need to be updated, care givers will be notified a month prior documents expire and will need to update as soon as possible.</p> <p>- a copy will obtain and place on the ARCH binder</p> | <p>7.25.21</p> <p><i>mf</i></p> <p>7.29.21</p> |

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| <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><u>FINDINGS</u> PCG - No first aid certification. Submit a copy with the POC.</p> <p>STATE OF HAWAII BOH-ONCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of First Aid Certification. Upon his return SPCG will submit a copy of FA certificate.</p> | <p>7.29.21</p> |

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| <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><u>FINDINGS</u> PCG - No first aid certification. Submit a copy with the POC.</p> <div style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div> <div style="text-align: right; transform: rotate(180deg);"> 21 JUL 29 P2:49 </div> | <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>- SPCG will have a checklist of all required documents needed for the care giver. I will checked every first week of the month if any documents may need to be updated, care givers will be notified 3 months prior document expires and will need to update as soon as possible</p> <p>- a copy will obtain and place on the ARCH binder.</p> | <p style="text-align: center;">7.29.21</p> |

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| <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><u>FINDINGS</u> SCG #1 and SCG #2 - No training by the PCG to make prescribed medication available to residents. Submit a copy of the training for each with the POC.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 JUL 29 P2:49</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- SCG # 1 is no longer an employee of the care home.</p> <p>- SCG #2 training for form submitted.</p> | 7.29.21 |


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| <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><u>FINDINGS</u> SCG #1 and SCG #2 - No training by the PCG to make prescribed medication available to residents. Submit a copy of the training for each with the POC.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>^{PCG} / Substitute PCG will have a checklist of all documents that need to be completed by ^{person} care givers which includes training on how to make prescribed medications available for residents.</p> <p>- SPCG will train the new given and documents the training.</p> | <p>7.25.21</p> <p><i>[Signature]</i></p> <p>7.29.21</p> |

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| <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><u>FINDINGS</u> PCG - No cardiopulmonary resuscitation (CPR) certification. Submit a copy with the POC.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of CPR certification. Upon his return SPCG will submit a copy of his CPR certificates.</p> | 7.29.11 |

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| <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><u>FINDINGS</u> PCG - No cardiopulmonary resuscitation (CPR) certification. Submit a copy with the POC.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 JUL 29 PM 2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG / Substitute PCG will have a checklist of all required documents needed for the care ^{givers} home and I will be checked every first week of the month if any documents are need to be updated, care givers will be notified 3 months prior document expires and no need to be up dated as soon as possible.</i></p> <p><i>- Copy will obtain and place on the ARCH binder.</i></p> | <p>7.25.21</p> <p>7.29.21</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (i) The primary care giver shall give advance notice to residents and the resident's families, legal guardians, or surrogates or responsible agencies if the primary care giver plans to be absent for more than three days. Such advance notice shall be not less than one week except during emergencies. The primary care giver shall have a written plan, approved by the department, for providing resident care during any absence of the primary care giver from the Type I ARCH. This written plan shall also identify the duties and responsibilities of the substitute care giver. This rule does not apply to the primary care giver's short absences for shopping, errands, or other appointments unless the resident's condition requires full-time supervision and is addressed in the resident's schedule of activities or care plan.</p> <p><u>FINDINGS</u> PCG did not give advance notice of his absence from the home for more than three (3) days.</p> <div style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING JUL 29 P 2:49 '21 </div> | <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>- PCG absence notice submitted. and will ^{As} update status of PCG recovery ^{will be used in} 1-27 December 2021.</p> | <p>7-25-21 <i>sfj</i></p> <p>7-29-21</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (i) The primary care giver shall give advance notice to residents and the resident's families, legal guardians, or surrogates or responsible agencies if the primary care giver plans to be absent for more than three days. Such advance notice shall be not less than one week except during emergencies. The primary care giver shall have a written plan, approved by the department, for providing resident care during any absence of the primary care giver from the Type I ARCH. This written plan shall also identify the duties and responsibilities of the substitute care giver. This rule does not apply to the primary care giver's short absences for shopping, errands, or other appointments unless the resident's condition requires full-time supervision and is addressed in the resident's schedule of activities or care plan.</p> <p><u>FINDINGS</u> PCG did not give advance notice of his absence from the home for more than three (3) days.</p> <p style="text-align: right;">STATE OF HAWAII DCH-CHCA STATE LICENSING 21 JUL 29 P2:49</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>- PCG will be submitting a written notice to nurse consultant whenever PCG plans to be absent for more than 3 days.</p> <p>- SPCG make a checklist for PCG to follow and informed absence from OHCA for any changes in the ARCH more the 3 days.</p> | <p>7-25-21 </p> <p>7.29.21</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No written menus.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Weekly menu for a month posted at the dining area.</p> | <p>7.25.21 JH</p> |

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JUL 28 2021

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No written menus.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>of SPCG</i> <i>PCG</i> will have a weekly menu's posted in dining and kitchen area where it will be visible for residents to see.</p> | <p>7.25.21 <i>md</i></p> <p>7.29.21</p> |

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| <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><u>FINDINGS</u> Cabinet under the kitchen sink containing bleach and cleaning products was unlocked.</p> <p>Cabinet locked during the inspection.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21 [Signature]</p> |

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| ☒ | <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><u>FINDINGS</u> Cabinet under the kitchen sink containing bleach and cleaning products was unlocked.</p> <p>Cabinet locked during the inspection.</p> <p>STATE OF HAWAII DCH-ONCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Caregivers will be checking locks during rounds including kitchen under sink where cleaning products like bleach should always be secured / locked.</p> <p>- SPCG will make sure that the cabinet is locked.</p> | <p>7.25.21</p> <p>af</p> <p>7.29.21</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>FINDINGS Resident #1 - "Acetaminophen 500 mg/15 ml liquid Take 15 ml by mouth every 6 hours as needed for fever or pain" ordered 2/4/21; however, the medication was not recorded on the medication record. There was no physician order to discontinue the medication.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 JUL 29 P2:49</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Resident #1 medication was written on MAR and was reflected^{written} as ordered.</p> | <p>7.25.21</p> <p>7.29.21</p> |

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| ☒ | <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 - "Acetaminophen 500 mg/15 ml liquid Take 15 ml by mouth every 6 hours as needed for fever or pain" ordered 2/4/21; however, the medication was not recorded on the medication record. There was no physician order to discontinue the medication.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 29 P 2:49</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- At the time of admission SPCG will write all the medication ordered on the MAR.</p> | 7.29.21 |


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| ☒ | <p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "Aspirin 81 mg Tbec dr tab (Ecotrin low strength) Take 1 tablet by mouth daily on hold until biopsy on 12/23/20" ordered 2/4/21; however, the medication was not recorded on the medication record, there was no physician order to discontinue the medication, there was no documentation that the order was clarified.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication ordered will be recorded on log</p> <p>to the PCP</p> <p>- Telephone call, was ordered off</p> <p>Aspirin was discontinued.</p> | <p>7.29.21</p> <p>7.29.21</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 - "Aspirin 81 mg Tbec dr tab (Ecotrin low strength) Take 1 tablet by mouth daily on hold until biopsy on 12/23/20" ordered 2/4/21; however, the medication was not recorded on the medication record, there was no physician order to discontinue the medication, there was no documentation that the order was clarified.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 JUL 29 P 2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Medication ordered will be recorded on the MAR. If the medication is on hold clarification with the PCP will be made.</p> <p>- Document in Progress notes contact with the physician</p> | 7.29.21 |

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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>FINDINGS Resident #1 - "Bisacodyl 10 mg suppository (Dulcolax) unwrap & insert suppository rectally one time as single dose" ordered 2/4/21; however, there was no documentation that the medication was given as a single dose, no documentation that the medication was discontinued.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 JUL 29 P2:50</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21 9</p> |

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| ☒ | <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 - "Bisacodyl 10 mg suppository (Dulcolax) unwrap & insert suppository rectally one time as single dose" ordered 2/4/21; however, there was no documentation that the medication was given as a single dose, no documentation that the medication was discontinued.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- At the time of admission SPCG will review the medications ordered per any one time single dose medications. The order will be clarified with the physician if the medication is to be given in the ARCA.</p> | 7.29.21 |

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| <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><u>FINDINGS</u> Resident #1 - No schedule of activities.</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>- Residents activity scheduled completed and filed ⁱⁿ the residents folder.</p> <p>- Scheduled activity reviewed with the SCG and posted on the living/activity area.</p> | <p>7-25-21 </p> <p>7-29-21</p> <p>7-29-21</p> |

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| ☒ | <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><u>FINDINGS</u> Resident #1 - No schedule of activities.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>^{SPC6} - DEC will have a checklist of all documents that needs to be completed including schedule of activities upon admission. and shall be done as soon as possible during the day of admission. ^{SPC6}</p> | <p>7.25.21 </p> <p>7.29.21</p> |


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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No primary care giver assessment of the resident upon admission.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21 JAF</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 - No primary care giver assessment of the resident upon admission.</p> <div style="text-align: right; margin-top: 20px;"> STATE OF HAWAII BOH-OMCA STATE LICENSING 21 JUL 29 P2:50 </div> | <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>SPCG PCG will have a checklist of all documents that need to be completed including ^{admission} assessment form upon admission. and shall be done as soon as possible on the day of admission</p> | <p>7.25.21 </p> <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> Resident #1 - No progress notes.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7. 25. 21</p> <p><i>mf</i></p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> Resident #1 - No progress notes.</p> <p>STATE OF HAWAII DOM-DHCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- SPCG will use a monthly checklist that includes Progress notes to make sure it is all complete.</p> <p>- At the end of the month SPCG will check the residents binder of progress notes completed.</p> | <p>7. 29. ²¹19</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - No legend for initials on the medication record. SCG #2 uses two (2) different initials on the medication record.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING 21 JUL 29 P2:50</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- legend for caregivers initial attached on MAR folder.</p> <p>- SCG # 2 added on the legend two different initials use on the medication record.</p> | <p>7.25.21 <i>mp</i></p> <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - No legend for initials on the medication record. SCG #2 uses two (2) different initials on the medication record.</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SPCC PCG will have a list of all caregivers name and initials making medications available for resident's on the legend and will be attached to the MAR folder.</p> | <p>7.25.21 SP</p> <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 - Admission height and weight was not recorded.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21</p> <p><i>md</i></p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident #1 - Admission height and weight was not recorded.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>^{SPCG} PCG will have a checklist of all documents that needs to be completed including residents height and weight. and shall be done as soon as possible during the day of admission.</p> <p>- SPCG will double check all the documents completed on the time of admission including height + weight.</p> | <p>7.25.21</p> <p>7.29.21</p> <p>7.29.21</p> |

STATE OF HAWAII
BOH-ONCA
STATE LICENSING

21 JUL 29 P2:50

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 - No monthly weight for March 2021.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21</p> <p>JM</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 - No monthly weight for March 2021.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- SPCG will have a checklist of all documents that need to be completed monthly including residents weight.</p> | <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 - No record of admission on the permanent register.</p> <p>STATE OF HAWAII DON-ORCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- SPCG added resident #1 to the permanent general register.</p> | 7.29.21 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 - No record of admission on the permanent register.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- SPCG will use an admission checklist so all documentation needed will be completed at the time of admission includes the permanent general register.</p> | <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Green waste bin was obstructing access to the area of refuge from the second (back) exit.</p> <p>Previously cited during the initial inspection on October 9, 2020.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SPCG</i> <i>- PEG</i> removed green waste bin obstructing rear exit pathway towards area of refuge.</p> | <p>7.25.21 <i>mg</i></p> <p>7.29.21</p> |

STATE OF HAWAII
DOH-CHCA
STATE LICENSING
21 JUL 29 P2:50

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|---|-----------------|
| ☒ | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Green waste bin was obstructing access to the area of refuge from the second (back) exit.</p> <p>Previously cited during the initial inspection on October 9, 2020.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- SPCG will retrain and remind all caregivers that the exit pathways towards area of refuge must not be obstructed by the green waste bin.</p> <p>- SPCG will check daily, especially prior to and on trash pick up day to make sure the area is clear.</p> | 7.29-21 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> No fire drills conducted. Resident #1 admitted on or around 2/4/21.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21 mm</p> |

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JUL 28 2021

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> No fire drills conducted. Resident #1 admitted on or around 2/4/21.</p> <p>STATE OF HAWAII DOM-CHCA STATE LICENSING</p> <p>21 JUL 29 P2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-SPCC will have a checklist of all the tasks that needs to be completed including fire drills every 3 months.</p> | 7.29.21 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and</p> <p>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No smoke detector checks.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>7.25.21</p> <p><i>[Signature]</i></p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and</p> <p>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No smoke detector checks.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SPCG - PCG will have ^{monthly} a checklist of all tasks documents that needs to be completed including smoke detector checks.</p> | <p>7.25.21 mf</p> <p>7.29.21</p> |

STATE OF HAWAII
DOH-CHCA
STATE LICENSING
21 JUL 29 P2:50

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JUL 28 2021

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p>FINDINGS Bedroom #3 is being occupied the family member of SCG #2. Bedroom #4 is being occupied by SCG #1.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Household member and care givers personal items was removed from designated resident's room.</p> | <p>7.25.21</p> <p><i>[Signature]</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS</u> Bedroom #3 is being occupied the family member of SCG #2.</p> <p>Bedroom #4 is being occupied by SCG #1.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 JUL 29 P 2:50</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SPCG will not allow -PCG advised all caregivers and HM not to use designated rooms for residents and should be ready and available for occupancy.</p> | <p>7.25.21 7/21</p> <p>7.29.21</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> Bedroom #5 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SPCB</i> <i>- PEG removed pillow with no pliable pillow protector and left 1 pillow with pliable plastic protector.</i></p> | <p>7.25.21 <i>mm</i></p> <p>7.29.21</p> |

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 JUL 29 2:51

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> Bedroom #5 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.</p> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p> <p>21 JUL 29 P2:51</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- ARCH will purchased an individual pillows for residents. Their names will be noted on the pillow upon admission and discard on the time of their discharged.</p> <p>- The pillow will be added to the residents inventory.</p> | 7-29-21 |

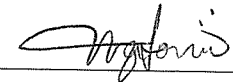
Licensee's/Administrator's Signature: 

Print Name: GENESSIS T. ANTONIO

Date: 7/25/21

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JUL 28 2021

Licensee's/Administrator's Signature: 

Print Name: GENESSIS ANTONIO (SUBSTITUTE PRIMARY CARE GIVER)

Date: 7.29.21