

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Facility's Name: R & A Care Home	CHAPTER 100.1
Address: 123 Uakanikoo Place, Wahiawa, Hawaii 96786	Inspection Date: March 17, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 - "Tamsulosin HCl capsule 0.4 mg Give 0.4 mg by mouth at bedtime" ordered 10/27/20; the medication record reflected the medication is taken at 8 a.m.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected by correcting the medication record to reflect the correct time the medication is made available to the resident.</p>	<p>5/18/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Tamsulosin HCl capsule 0.4 mg Give 0.4 mg by mouth at bedtime" ordered 10/27/20; the medication record reflected the medication is taken at 8 a.m.	<p style="text-align: center;">PART 2 <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 will check that the physicians orders match the medication record by writing in the correct time the medication is to be given in the medication record. The SCG will double check to make sure that the medication record match the physician orders.</p>	<p style="text-align: center;">7/20/21</p>

DIVERSITY
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications: (c)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - "Risperidone 0.25 po QHS for anxiety & agitation" ordered 11/2/20; the medication record reflected 8 a.m.	<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>The deficiency was corrected by correcting the medication record to reflect the correct time the medication is made available to the resident.</p>	3/17/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Risperidone 0.25 po QHS for anxiety & agitation" ordered 11/2/20; the medication record reflected 8 a.m.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 will ensure that the physicians orders match the medication record by writing in the correct time the medication is to be given in the medication record. The SCG will double check that the medication record matches the physician orders.</p>	<p style="text-align: right;">7/16/21</p>

HAWAIIAN STATE BOARD OF NURSING
 1111 KALANIANAʻOHE MARSHALL DRIVE
 SUITE 100
 HONOLULU, HI 96813

ES:2d 02 Jul 12.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> 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 physician order for "Nitrofurantoin Mono-MCR 100 mg Take 1 capsule by mouth twice a day for 5 days" filled on 2/23/21. The empty bottle was found with current medication.</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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - No physician order for "Nitrofurantoin Mono-MCR 100 mg Take 1 capsule by mouth twice a day for 5 days" filed on 2/23/21. The empty bottle was found with current medication.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <u>FUTURE PLAN</u> PCG will check that the E.R. physician will write out the physician orders for any prescribed medication	7/22/21

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - "Lactulose 10 gm/15 ml soln 15 ml orally prn constipation administer 15 ml every morning every 2nd day prn if no bowel movement" ordered 1/23/21; the medication was not recorded on the January 2021, February 2021 and March 2021 medication records.	<p style="text-align: center;">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>The deficiency was corrected by adding the PRN medication into the medication records.</p>	<p style="text-align: center;">3/18/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Lactulose 10 gm/15 ml soln 15 ml orally prn constipation administer 15 ml every morning every 2nd day prn if no bowel movement" ordered 1/23/21; the medication was not recorded on the January 2021, February 2021 and March 2021 medication records.	<p style="text-align: center;">PART 2 <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 will pull out the medication record from the resident binder and attach to a clip board so that medication orders can be recorded on the medication record promptly when new medication orders are received.</p>	<p style="text-align: right;">7/20/21</p>

DIVISION OF
SOCIAL SERVICES
STATE OF ALABAMA

CS: 2d 02 Jul 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Add Risperidone 0.25 po QHS for anxiety & agitation" ordered 11/2/20; the medication label read "0.25 mg Take 1 tablet by mouth at bedtime as needed for anxiety & agitation." The medication record reflected the medication is taken daily.	<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>The label on the medication was corrected with the physician sending the corrected medication order to the pharmacy. A new label was attached to the bottle by the pharmacy to reflect the correct dosage, which is to be taken daily.</p>	<p style="text-align: right;">7/20/21</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - "Amlodipine besylate tablet 2.5 mg give 2.5 mg by mouth one time a day for hypertension. Hold SBP < 100" ordered 10/27/20. On 2/4/21, BP = 91/63; however, the medication was initiated as taken by the resident.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Amlodipine besylate tablet 2.5 mg give 2.5 mg by mouth one time a day for hypertension. Hold SBP < 100" ordered 10/27/20. On 2/4/21, BP = 91/63; however, the medication was initiated as taken by the resident.	<p style="text-align: center;">PART 2 <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 will record BP directly on the MAR so that if BP reading below parameter, medication will be held. SCC's will be trained to take the BP, record and if below parameter indicate on the MAR that medication needs to be held.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - "Amlodipine besylate tablet 2.5 mg give 2.5 mg by mouth one time a day for hypertension. Hold SBP < 100" ordered 10/27/20; however, the December 2020, January 2021, February 2021, and March 2021 medication records reflected "25 mg."	<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 style="text-align: center;">The deficiency was corrected by placing the decimal point to show 2.5mg instead of 25mg.</p>	<p style="text-align: center;">3/17/2021</p>

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Nitrofurantoin Mono-MCR 100 mg Take 1 capsule by mouth twice a day for 5 days," filled on 2/23/21, was not recorded on the February 2021 medication record. The empty bottle was found with current medication.	<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>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Calcium carbonate, docusate sodium and donepezil" evening doses for 3/17/21 were initiated as taken by the resident. "Calcium carbonate & docusate sodium" a.m. doses were initiated as taken by the resident for 3/18/21.	<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>	

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DIVERSITY
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 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - Progress notes did not reflect that the resident had a UTI on or around 2/23/21, was seen at Urgent Care, and was ordered antibiotics. There were no observations of any symptoms associated with a UTI, the resident's tolerance and response to the medication	<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 style="text-align: center;">PART 1</p> <p>The deficiency was corrected by documenting the resident's UTI, the urgent care visit & the antibiotic on the progress notes. Also documented observations of any symptoms associated w/ UTI, the resident's tolerance & response to the medication.</p>	<p style="text-align: center;">3/18/2021</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - Progress notes did not reflect observations as to the reason for the order to "Start Phytoplex Z-guard paste" ordered 11/2/20.	<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>	

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 - Progress notes did not reflect observations as to the reason for the order to "Start Phytoplex Z-guard paste" ordered 11/2/20.	<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 keep the progress notes on the clipboard, so that any changes to resident's condition will be recorded on the progress notes promptly.</p>	<p style="text-align: right;">7/20/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the residents record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Resident #1 - Progress notes for January 2021 and February 2021 were not signed by the individual making the entry.	<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 style="text-align: center;">The deficiency was corrected by having the caregiver or individual sign for the entries in the Progress Note.</p>	<p style="text-align: center;">3/18/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (F)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 - Progress notes for January 2021 and February 2021 were not signed by the individual making the entry.	<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 double check that the progress notes is filled out and signed by the individual making the entry, prior to filing the notes into the resident's binder.</p>	<p style="text-align: center;">7/20/21</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)(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>FINDINGS Resident #1 - No legend for initials on the medication record.</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>This deficiency was corrected by adding a legend for the medication record.</i></p>	<p><i>3/17/2021</i></p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; <u>FINDINGS</u> Resident #1 - No legend for initials on the medication record.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 will create a master legend with all caregivers initials and a copy of the master legend filed in to each resident's binder. Any new SCGs will be added to the master legend</p>	<p style="text-align: right;">7/20/21</p>

HAWAII STATE LICENSING
 BOARD
 1110 KALANIANAʻOHE
 AVENUE, SUITE 100
 HONOLULU, HI 96813

7/20/21 02:11 PM 12.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Ramp to the area of refuge from the second exit was obstructed by a van parked on the ramp.</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>The deficiency was corrected by removing the van parked on the ramp.</i></p>	<p><i>3/17/2021</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; <u>FINDINGS</u> Ramp to the area of refuge from the second exit was obstructed by a van parked on the ramp. <div style="text-align: center;"> HAWAIIAN STATE ARCH-DRCA LICENSING DIVISION 12-02-2025 </div>	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will have SCG paint a line on the driveway and post a sign to not park in the restricted area for wheel chair access.</p>	<div style="text-align: center;"> 7/26/21 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; FINDINGS A water dispenser stand prevented the second exit (kitchen) door from opening fully. The door was able to open only half way.	<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 style="text-align: center;">The deficiency was corrected by removing the water dispenser out of the kitchen & moved in to storage.</p>	<p style="text-align: center;">9/17/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; <u>FINDINGS</u> A water dispenser stand prevented the second exit (kitchen) door from opening fully. The door was able to open only half way.	<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 instruct household members and SCG's to keep the exits to the area of refuge clear at all times and PCG will check daily.</p>	<p style="text-align: center;">7/20/21</p>

DIVERSITY
 STATE OF HAWAII
 DEPARTMENT OF
 COMMUNITY CARE
 LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: 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. <u>FINDINGS</u> Bedroom #3 - One (1) of three (3) pillows did not have a pliable plastic pillow protector.	<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 style="text-align: center;">The deficiency was corrected by adding a pillow protector case immediately.</p>	<p style="text-align: center;">3/17/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for residents' use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS No signaling device in the bathroom for Bedroom #1 and the common bathroom.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">The deficiency was corrected by placing the signaling device in the bathroom for Bedroom #1 and at the common bathroom.</p>	<p align="center">3/18/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: <p>Signaling devices approved by the department shall be provided for residents' use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS No signaling device in the bathroom for Bedroom #1 and the common bathroom.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Signaling devices are attached to the wall in the bathrooms, and PEG or SCG's will do daily check to ensure that the signaling devices have not been removed.</p>	<p style="text-align: right;">7/20/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> No smoke detector check for February 2021.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> No smoke detector check for February 2021. <div style="text-align: center;"> HAWAIIAN FIRE-ARMS INSURANCE STATE OF HAWAII </div> 4524 02 JAN 12.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCC will use a monthly fire drill record that includes the monthly smoke detector checks.	7/28/21

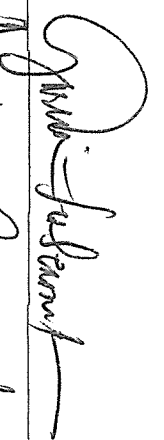
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> No fire drill for February 2021.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> No fire drill for February 2021.	<p style="text-align: center;">PART 2 <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 use a monthly checklist so that fire drills are conducted</p>	<p style="text-align: center;">7/20/21</p>

ENGINEERING
ARCHITECTURE
STATE OF HAWAII

7/20/21

Licensee's/Administrator's Signature:



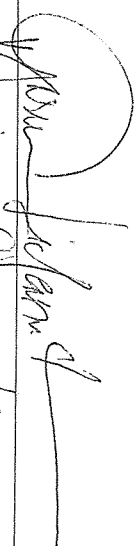
Print Name:

Amalia Garcia-Lindemann

Date:

5/05/2021

Licensee's/Administrator's Signature:



Print Name:

Amalia Garcia-Lindemann

Date:

7/20/2021