

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wisdom Home Care LLC	CHAPTER 100.1
Address: 94-234 Waikele Road, Waipahu, Hawaii 96797	Inspection Date: June 7, 2021 Initial

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 -1 P2:43

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS All substitute care givers (SCG) - No training by the primary care giver (PCG) to make prescribed medication available to residents and properly record such action. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes!</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG use form ARCH I R 40 to do an in-service group training on how to properly and safely administer prescribed medication as well as how to properly document it. After in-service training, PCG individually observe a return demonstration to make sure the rights of medication administration is being implemented. Questions and concerns were answered by PCG. Training was documented and placed in the ARCH binder.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">6/7/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS All substitute care givers (SCG) - No training by the primary care giver (PCG) to make prescribed medication available to residents and properly record such action. Submit a copy for each with the plan of correction (POC).	<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 created a checklist form which includes the list of required training, forms, medical records, and documents to become a substitute care giver. ^{no} be use as guidance for PCG when acquiring SCG's in the future. This checklist must be complete prior to starting or providing care in the EARC and make sure to document it right away.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P 2:43</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 <u>Admission policies, (a)</u> Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. <u>FINDINGS</u> Resident #1 - No level of care. Submit a copy with the POC.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Form ARCH N2 & ARCH N3 were given to PCP of Resident #1 during her annual check-up on 6/14/2021, Forms were completed and placed in ARCH binder.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">6/14/2021</p> <p style="text-align: center;">21 JUL -1 P2:43</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 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. <u>FINDINGS</u> Menus are not followed. No substitution list.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">21 JUL -1 P 2:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Prenatal vitamins unsecured on a table in the wet bar.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Personal medications was placed in the caregiver's bedroom next to the wet bar at all times.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>6/7/2021</p> <p>21 JUL -1 P2:44</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Calcium-vit D 400 mg/500 IU 1 tablet daily" ordered 4/3/20. The medication record noted "calcium 600 mg vit D 400 IU 1 tablet 2x/day." "Citracal (petit) 400 mg vit D 12.5 mcg (500 IU)" is available and taken twice a day.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>6/17/2021 PCG faxed over list of current medications with and including "Calcium 400mg - Vitamin D 500IU 1 tab PO BID for supplement" in the list to be signed by PCP of Resident #1 if agreed with the order while awaiting annual check-up on 6/14/2021.</p> <p>6/14/2021 - PCG discussed OTC medicine stated above that was brought in by Resident #1 daughter. PCP of Resident #1 updated current medication list stated, "Calcium 400mg - Vitamin D 500IU Take 1 tablet by mouth two times per day".</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">6/14/2021</p> <p style="text-align: right;">21 JUL -1 P2:44</p>

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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 - "Cholecalciferol (vit D3) 1000 IU" ordered 4/3/20 without the dosage and frequency specified. The medication record noted "one tab by mouth once daily."	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>6/7/2021 PCG faxed over list of current medication of Resident #1 including "Vitamin D₃ 1000 IU 1 tab qd daily for supplement", while awaiting annual check-up scheduled on 6/14/2021, to PCG.</p> <p>6/14/2021 MD updated list of current medications of Resident #1, showing "Vitamin D₃ 1000 IU Take 1 tab by mouth one time per day".</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">6/14/2021</p> <p style="text-align: right;">21 JUL -1 P2:44</p>

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<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 - "Polyethylene glycol 3350 17 grams oral daily" ordered 4/3/20, the medication record noted "take 17 grams po 2x/day."	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>6/17/2021 PCG faxed over list of current medications including the "polyethylene glycol 17gm/scoop powder", while awaiting scheduled arrival date - up on 6/14/2021 to Resident #1 PCP.</p> <p>6/14/2021 PCG digressed list of current medication, PCP of Resident #1 noted "polyethylene glycol 17gm/scoop powder, Take 17g by mouth two times per day - Dissolve in 4-8 oz water or juice."</p> <p style="text-align: right;">STATE OF HAWAII DOH-DOHA NATE LICENSING</p>	<p style="text-align: right;">6/14/2021</p> <p style="text-align: right;">21 JUL -1 P2:44</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. <u>FINDINGS</u> Resident #1 - Three (3) adverse event reports were found in the resident record.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Three adverse event reports were taken out of the resident record and placed in a separate binder and will be made available to the department and other authorized personnel.</p>	<p style="text-align: right;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P2:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Cabinet containing resident records was not locked.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Group in-service training in regards to keeping resident records must be locked were discussed and implemented. Cabinet containing resident records will is lock at all times and will be open only when removing binder when documenting.</p>	<p>6/7/2021</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL -1 P2:44</p>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports:</u> (f)(3) General rules regarding records: 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; FINDINGS Cabinet containing resident records was not locked.	<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>Daily supervision by PCG or SCG will routinely check cabinet containing resident records is locked, if not lock, PCG and SCG will discuss reason ^{for} why it was not lock and will reflect on that action:</p>	<p style="text-align: center;">6/7/2021</p> <p style="text-align: center;">21 JUL -1 P2:44</p> <p style="text-align: center;">STATE OF HAWAII DOH-DOHA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Two (2) residents were not recorded on the permanent general register.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG filled out and recorded the (2) two resident on the permanent general register and placed in on the EARCH designated binder.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	<p style="text-align: center;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P2:44</p>

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STATE OF HAWAII
 DOH-CHCA
 STATE LICENSES

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 - No financial agreement.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Power of Attorney, daughter of resident #1 signed Resident Financial Statement during her visit to EARECH facility of Wisdom Home Care LLC. Form was filed in the EARECH binder.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: right;"><i>6/10/2021</i></p> <p style="text-align: right;"><i>21 JUL -1 P2:44</i></p>

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<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 - No financial agreement.	<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>- ARCH N 7A form will be followed and serve as guidance to ensure Resident Financial Statement form will be completed at the time of admission.</p> <p>- PCG will be responsible for Admission form to be discuss and completed and sign by PCG and resident and the resident's family, legal guardian, surrogate or representative.</p> <p>- PCG and SCLG will do independent checks to make sure Admission documents such as Resident Financial Statement form is completed appropriately.</p>	<p style="text-align: right;">6/10/2021</p> <p style="text-align: right;">21 AUG 17 P1:11</p>

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<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS Resident #1 - No current inventory of resident's possessions.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>All patient belonging list was updated and listed inventory of all clothing and valuables of resident #1, form is filed and placed in the designated binder.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-OMCA STATE LICENSING </div>	<p style="text-align: center;"><i>6/7/2021</i></p> <p style="text-align: right;"><i>21 JUL -1 P2:44</i></p>

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<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS Resident #1 - No current inventory of resident's possessions.	<p style="text-align: center;">PLAN OF CORRECTION</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><i>Initial inventory of resident's possessions must be counted and documented and sign in front of resident and resident's family; legal guardian, surrogate or representative, while PLG or SLC is going over the items brought in or taken out in the care home.</i></p> <p><i>PLG and SLC will be responsible and will do independent checks to make sure possession list is current and accurately written in the current inventory list.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	<p style="text-align: right;"><i>6/2/2021</i></p> <p style="text-align: right;">21 AUG 17 P1:11</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: <u>FINDINGS</u> Resident #1 - Written policies were not established.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Wisdom Home Care LLC policies was discussed with Resident #1 daughter who is her Power of Attorney, questions and concerns was answered, POA verbalized understanding and signed written policy, copy of policy was given to POA and original copy was filed and placed in ARCH binder.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">6/10/2021</p> <p style="text-align: right;">21 JUL -1 P 2:44</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities: (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: FINDINGS Resident #1 - Written policies were not established.	<div style="text-align: center;"> PLAN OF CORRECTION 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> <ul style="list-style-type: none"> - ARCH N 1A form will be use as guidance when admitting future resident. - Admission packet will be ready to discuss and sign both PCG and resident (resident's family, legal guardian, surrogate, sponsoring agency or representative payee) - PCG and SCG will be responsible and do individual check to make sure admission document such as the written policies were signed and placed in the appropriate binder and to be available upon request. <div style="text-align: right;"> STATE OF HAWAII DEPT-DOH STATE LICENSING </div>	10/10/2014 21 AUG 17 P 1:11

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; FINDINGS Resident #1 - The resident, resident's family was not informed of related charges for services at the time of admission as an expanded ARCH resident.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 and resident family was aware of the transition of the facility from CCFH to now we care home it was verbalized on 6/10/2021</p> <p>February and March of 2021 in regards to charges for services. Monthly charges as a CCFH client was the same charges for ARCH. On 6/10/2021 charges for services was re-discussed and documented, POB of resident #1 agreed and signed new policy of new Wisconsin Home Care LLC. Forms/documents was filed and placed in designated binder.</p>	<p style="text-align: right;">6/10/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities: (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; <u>FINDINGS</u> Resident #1 - The resident, resident's family was not informed of related charges for services at the time of admission as an expanded ARCH resident.	<p style="text-align: center;"> PLAN OF CORRECTION 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> - wisdom home care llc policies will be discussed first hand when family and client is introduced to be in the care home. copy of the care home will be provided and discuss further during actual admission day. - charges for service on this care home will be discussed prior to admission. the great family can decide if the rate is what resident/family can afford. - PEG will be responsible explaining the charges. - PEG and SGA will do individual checks making sure that copy of the policy is completed and documents signed. </p> <p style="text-align: right;"> approved 21 AUG 17 11:11 STATE OF MICHIGAN BOH-60000-00000 21 AUG 17 11:11 </p>	<p style="text-align: right;">21 AUG 17 11:11</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; FINDINGS The second exit ramp was obstructed by two (2) scooters, a cart, power washer and a chair. Clearance measured 19 1/2 inches to 26 inches.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p style="text-align: center;">PART 1</p> <p>PCG and SCG's discussed list of deficiencies including § 11-100.1-23 physical environment (g)(3)(B). Two (2) scooters, a cart, the power washer and the chair on the second exit ramp was cleared and placed in the storage. PCG and SCG to maintained area at all times. Sign that states "Keep Ramp clear at all times" was posted in the visible area of the ramp.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">6/21/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</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; FINDINGS The second exit ramp was obstructed by two (2) scooters, a cart, power washer and a chair. Clearance measured 19 1/2 inches to 26 inches.	<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 and SCG's will take turns to check second exit ramp will be cleared from any obstruction at all times in a daily basis.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P 2:45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (c)(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> All beds - No pliable plastic pillow protectors.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Wisdom Home Care LLC provided new pillow to each resident at the time of admission. PCA placed residents initials to designated pillows and added a pillow to each resident inventory belonging list. Pillows will be given to family or resident upon discharge in the EARECA or pillows will be thrown away if family don't want it.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (c)(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> All beds - No pliable plastic pillow protectors.	<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 or SCG will placed initials of future residents of Wisdom Home Care LLC and will ^{be} added pillows to inventory belonging list in the future residents.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-80 <u>Licensing</u> . (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter. FINDINGS Resident #1 - No policies for earch.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Wisdom Home Care LLC policies for both Type I AHA and added EARCH policies was discussed and signed by Resident #1, daughter, her POA. Document was placed in the EARCH binder and copy of policies was given to POA.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/10/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-80 <u>Licensing</u> . (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter. <u>FINDINGS</u> Resident #1 - No policies for each.	<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? <i>of policies</i></p> <ul style="list-style-type: none"> - Extra copies are printed to be given to future residents/family. - Wisdom Home Care LLC petition (with LLC) will be on a Admission Packet folder to gother with other admission forms that needed to be discuss and sign by both sponsor and resident or resident family. - PCE is verifiable with admission noted forms and will discuss petition for resident and resident family. - PCE and SCE's will do individual checks to make sure Admission Checklist is completed and documented and placed in the appropriate binder/place in the EPHS file. 	<p style="text-align: right;">8/7/204</p> <p style="text-align: right;">21 AUG 17 P1:11</p>

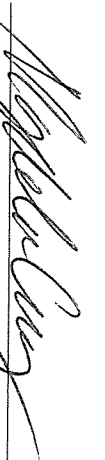
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> SCG #1 - No training by the RN case manager for oral medication and pm medication. Submit a copy of the training with the POC.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p style="text-align: center;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p style="text-align: center;"><i>SCG #1 was trained by RN case manager for oral medication and pm medication but did not document, RN case manager was informed and documented training. Form was filed and placed in the designated binder.</i></p>	<p style="text-align: right;"><i>6/26/2021</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 JUL -1 P 2:45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> SCG #1 - No training by the RN case manager for oral medication and prn medication. Submit a copy of the training with the POC.	<div data-bbox="1346 1255 1378 1371">PART 2</div> <div data-bbox="1268 1199 1305 1430"><u>FUTURE PLAN</u></div> <div data-bbox="1125 951 1234 1682"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Wisdom from care LC operator will share and make advance notice to Rb case manager whenever there's a new SCG coming on board with this care home and the training on oral and prn medication.</p> <p>- PCG will be responsible that right after the training Rb case manager to sign and document that training was done and that the new SCG understands.</p> <p>- PCG and SCG will be individually checked to make sure Rb case manager sign it^{ing} and documented that training was^{is} completed successfully.</p> </div> <div data-bbox="211 1608 427 1692"> STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES CARE HOME REGISTRATION UNIT </div>	<div data-bbox="967 1734 1049 1881">6/7/2024</div> <div data-bbox="172 1745 448 1787">21 AUG 17 PM 11</div>

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 May 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>	<p style="text-align: right;">21 JUL -1 P 2:45</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</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 May 2021.	<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>Fire drill for May 2021 was completed and SCG filed and found it on the CCFH binder after inspection. For future, PCG will re-organized and separate CCFH documents and EARCH documents. Monthly fire drill checklist was placed next to fire extinguisher near front door, which is visible daily and serves as a reminder to PCG and SCGs.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">6/7/2021</p> <p style="text-align: right;">21 JUL -1 P2:45</p>

Licensee's/Administrator's Signature:



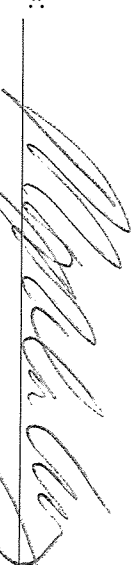
Print Name:

Mariar Dela Cruz, RN BSN, PCN

Date:

6/30/2021

Licensee's/Administrator's Signature:



Print Name:

Mariar Dela Cruz

Date:

8/13/2021

STATE OF HAWAII
DOH-DOHA
STATE LICENSING

21 JUL -1 P2:45