STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Without your response, received within ten (10) days, your Statement of Deficiencies will be posted online.

Your plan of correction must be submitted within ten (10) working days. If it is not correction, your plan of correction will be returned to you, unreviewed.

This page must be submitted with your plan of correction. If it is not, your plan of correction will be returned to you, unreviewed.

Facility Name: Aina Haina ARCH

Inspection Date: January 4, 2022 Annual

Address:
237 East Hild Drive, Honolulu, Hawaii 96821
<table>
<thead>
<tr>
<th>Date</th>
<th>Plan of Correction</th>
<th>Rules (Criteria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I made the doctor sign the TB. Yes, I have collected this deficiency.</td>
<td></td>
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<tr>
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</tbody>
</table>
Last evening of each month:
- Review the checklists in the
- Review my records each evening and
- My Substitutes' Caregiver Reviews
- Keep my records up to date
- It serves as a reminder to
- On the last day of each month,
- I have checked a checklist

IT DOESN'T HAPPEN AGAIN!
PLAN: WHAT WILL YOU DO TO ENSURE THAT
USE THIS SPACE TO Explain YOUR FUTURE

FUTURE PLAN

PART 2

<table>
<thead>
<tr>
<th>Date</th>
<th>Completion</th>
<th>PLAN OF CORRECTION</th>
<th>RULES (CRITERIA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/28/2022</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
I have 2 caregivers at all times. This ensures that I won't have any of those times where I'm not. This enables me, when my main caregiver is unavailable to help me, to have another caregiver. Her name is Maria. I have another caregiver.

Use this space to tell us how you corrected the deficiency:

**Part I**

<table>
<thead>
<tr>
<th>Date of Completion</th>
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**Rules (Criteria):**

- [ ] 111-100.1-23 Physical Environment (6)(3)(1)(A)
IT DOESN'T HAPPEN AGAIN?

PLAN: WHAT WILL YOU DO TO ENSURE THAT

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN.

PART 2

Date

Completion

PLAN OF CORRECTION

RULES (CRITERIA)

present at all times.

new always have 2 caregivers

I caregivers for my home, I

having this additional

By leaving my caregiver

In awhile when I will be

I will hire another substitute

caregiver. I have to fill

FINDINGS

During annual inspection, only one (1) care giver was

present.

PRESENT

two (2) non-certified residents in facility. However,

one (1) non-certified resident is present in the home, and

responsible adult on the premises of the home at all times

for each such non-certified resident must be a

Type 1 home provided that either:

the

maximum of two residents, not so certified, may reside in

residence under emergency conditions, except that a

following direction and taking appropriate action for self-

responsibility. Next the resident is capable of

Each resident of a Type 1 home must be certified by a

to the following provisions:

Type 1 ARCHES shall be in compliance with, but not limited

Physical Environment (6)(E)
<table>
<thead>
<tr>
<th>Date of Completion</th>
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<tbody>
<tr>
<td>01/11/2022</td>
<td>I have completed this deficiency on 01/11/2022. The Pneumococcal Vaccine was administered and signed off.</td>
</tr>
</tbody>
</table>

**Findings**

- Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP and a written care plan addressing resident problems and needs.
- No documented evidence of pneumococcal vaccine.

Upon admission of a resident, the expanded ARCH license.

**Rules (Criteria)**

- 40 CFR 384
- Admission Requirements (b)(4)
Admission documents are completed, so I will review the checklist and home. My substitute caregiver client to be admitted to my
new record/completed, in the checklist have
in my hand. Once all items
are accepted, the resident
admission process begins with the new client.
I will review my new admission

**FINDINGS**

- Resident 
  1. No documented evidence of pneumococcal

- Plan: What will you do to ensure that
  use this space to explain your future

**FUTURE PLAN**

**PART 2**

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February 11, 2022

STATE OF FLORIDA

STATE CONFIDENTIAL

**FUTURE PLAN**

**PART 2**

**RULES (CRITERIA)**

**VACCINE**

Resident # [No documented evidence of pneumococcal]

- Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP, and a written care plan addressing resident problems and needs.

- Upon admission of a resident, the expanded ARCh License shall have the following information:

- $11-1001-44 Admission Requirement (q)(6)