

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz, Olivia (ARCH)	CHAPTER 100.1
Address: 664-D Wainaku Avenue, Hilo, Hawaii 96720	Inspection Date: December 27, 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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG), no continuing education hours completed. <u>Please complete six (6) hours of continuing education hours to be credited towards your 2021 annual inspection year.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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 style="text-align: center;">I Completed 6 hours of continuing Education.</p>	<p style="text-align: center;">2/10/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG), no continuing education hours completed. <u>Please complete six (6) hours of continuing education hours to be credited towards your 2021 annual inspection year.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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>CONTINUING EDUCATION REQUIRE. WILL BE INCLUDED IN MONTHLY/ ANNUAL CHECKLIST LOCATED IN CAREGIVER BINDER. LIST WILL BE REVIEWED ONCE A MONTH (15TH) FOR UPCOMING EXPIRATIONS. SCHEDULE 30 MINS. PER MONTH TO READ, ATTEND, WATCH SUBJECTS TOPICS PERTAINING TO CLIENT'S NEEDS. SET ASIDE TIME THIRD WEEKEND OF EVERY MONTH.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Primary care giver (PCG), no current annual physical examination. <u>Please submit documentation with your plan of correction.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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 ANNUAL P.E. COMPLETED</p>	<p>1/11/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Primary care giver (PCG), no current annual physical examination. <u>Please submit documentation with your plan of correction.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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>PHYSICAL EXAM REQUIREMENTS (PCG) WILL BE INCLUDED IN MONTHLY/ ANNUAL CHECKLIST LOCATED IN CAREGIVER BINDER. LIST WILL BE REVIEWED EVERY MONTH (15TH) FOR UPCOMING EXPIRATIONS. APPOINTMENTS TO COMPLETE P.E. EXAMS WILL BE SCHEDULED 30 DAYS BEFORE P.E. WILL EXPIRE. FILE P.E. EXAM DOC. IN CARE HOME BINDER AS SOON AS HOME.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Substitute care giver (SCG) #1, no current annual physical examination.</p> <p><u>Please submit documentation with your plan of correction.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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 style="text-align: center;">SCG1 ANNUAL P.E. EXAM COMPLETED</p>	<p style="text-align: center;">1/18/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Substitute care giver (SCG) #1, no current annual physical examination.</p> <p><u>Please submit documentation with your plan of correction.</u></p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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>SCG P.E. EXAM REQUIREMENTS WILL BE INCLUDED IN MONTHLY/ ANNUAL CHECKLIST LOCATED IN CAREGIVER BINDER. LIST WILL BE REVIEWED EVERY MONTH (15TH) FOR UPCOMING EXPIRATIONS. APPOINTMENT TO COMPLETE P.E. EXAM WILL BE SCHEDULED 30 DAYS BEFORE P.E. WILL EXPIRE. FILE P.E. EXAM DOC AS SOON AS I COME HOME.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13- <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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 style="text-align: center;">FOLLOWING INSPECTION MENU SUBSTITUTIONS ARE DOCUMENTED</p>	<p style="text-align: center;">1/30/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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 WILL NOTATE ANY MENU CHANGES IN BACK OF MENU THE DAY IT HAPPENS.</p>	1/30/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, diet order dated December 7, 2021 read, "Diabetic." However, no clarification with the physician and no four (4) week special diet menu.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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>MADE 4 WK. DIABETIC MENU & POSTED ON REFRIGERATOR</p>	<p>1/28/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, diet order dated December 7, 2021 read, "Diabetic." However, no clarification with the physician and no four (4) week special diet menu.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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 WILL HAVE MENU READY & POSTED ON REFRIGERTOR. IF I NEED HELP I WILL CONTACT NUTRITIONIST.</p>	1/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired salad dressing on kitchen counter. Food in refrigerator – Lomi salmon dated 12-18-21. Refrigerator overflowing with food items stacked on top of each other.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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>CLEANED & ORGANIZED REFRIGERATOR. THREW AWAY ALL ITEMS PASSED EXPIRE. DATE.</p>	1/30/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired salad dressing on kitchen counter. Food in refrigerator – Lomi salmon dated 12-18-21. Refrigerator overflowing with food items stacked on top of each other.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection.</u></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>ONCE A WEEK I WILL CLEAN REFR & THROW AWAY ITEMS PASSED EXPIRE DATE. AND I WILL THROW AWAY ITEMS (WITH DAY OF PURCHASE) RIGHT AWAY THAT IS NOT EATEN.</p>	1/30/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50 degrees Fahrenheit.</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>REPLACED WITH NEW THERMOMETER & TEMPERATURE IS @ 40°.</p>	1/30/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50 degrees Fahrenheit.</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 WILL MONITOR REFRIGERATOR TEMPERATURE EVERYDAY TO MAKE SURE IT IS AT 45° OR BELOW.</p>	1/30/22

	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> Advair diskus unsecured on kitchen counter.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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 PUT ADVAIR IN MEDICINE CABINET & LOCKED IT.</p>	<p>1/18/22</p>

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<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> Advair diskus unsecured on kitchen counter.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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 WILL RIGHT AWAY PUT ANY MEDICATIONS IN THE CABINET & LOCK IT AFTER IT IS USED & NOT NEEDED.</p>	1/18/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – emergency department visit of 12-09-21 read, “Ondansetron 4 mg SL q6 hours as needed #10” was not listed on the December 2021 medication record as made available.</p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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 LISTED ONDANSETRON ON THE DEC. 2021 MEDICATION RECORD.</p>	<p>1/18/22</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 – emergency department visit of 12-09-21 read, “Ondansetron 4 mg SL q6 hours as needed #10” was not listed on the December 2021 medication record as made available.</p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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>MEDICATIONS ORDERED BY ER. DOCTOR WILL BE LISTED ON MEDICATION RECORDS THE DAY THE PRESCRIPTION IS FULLFILLED & PICKED UP FROM PHARMACY. IF MEDICATION IS NOT PICKED UP SAME DAY. NOTATE IN PROGRESS NOTES OF THE ORDER & REASON WHY NOT PICKED UP. SET ASIDE TIME THAT SAME DAY IN THE EVENING TO MAKE SURE EVERYTHING IS DOCUMENTED.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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, physician order dated 10-04-21 read, "Nitroglycerin 1 tab under tongue PRN chest" was not listed on the October 2021 medication record as made available.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>	

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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, physician order dated 10-04-21 read, "Nitroglycerin 1 tab under tongue PRN chest" was not listed on the October 2021 medication record as made available.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>MEDICATIONS ORDERED BY PRIMARY PHYSICIAN WILL BE LISTED ON MEDICATION RECORDS THE DAY PRESCRIPTION IS FULLFILLED & PICKED UP FROM PHARMACY.</p> <p>IF MEDICATION IS NOT PICKED UP SAME DAY, NOTATE IN PROGRESS NOTES OF THE ORDER & REASON WHY NOT PICKED UP.</p> <p>SET ASIDE TIME THAT SAME DAY IN THE EVENING TO MAKE SURE EVERYTHING IS DOCUMENTED.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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, the following medications were listed on the <u>May – August 2021</u> medication record:</p> <ul style="list-style-type: none"> • “Mecobalamin Vitamin B12 1000 mcg SL Rap Dis tab take 1 tablet by mouth” • “Ablify 5 mg tab po daily.” • “Brilinta 1 tab po two times a day.” • “Isosorbide Mononitrate 1 tab by mouth daily” <p>However, no physician order obtained until <u>08-02-21</u>.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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, the following medications were listed on the May – August 2021 medication record:</p> <ul style="list-style-type: none"> • “Mecobalamin Vitamin B12 1000 mcg SL Rap Dis tab take 1 tablet by mouth” • “Ablify 5 mg tab po daily.” • “Brilinta 1 tab po two times a day.” • “Isosorbide Mononitrate 1 tab by mouth daily” <p>However, no physician order obtained until <u>08-02-21</u>.</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>ON TO THE DAY OF RESIDENT'S VISIT TO DOCTOR I WILL HAVE A LIST OF RESIDENT'S CURRENT MEDS AND MAKE SURE IT MATCHES THE LIST OF MEDS ON VISITATION SUMMARY DOCTOR PROVIDED. AND IF THERE IS MISSING MEDS ASK MD TO UPDATE LIST ON medication VISIT SUMMARY.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, the following medications were not available for administration:</p> <ul style="list-style-type: none"> • "Furosemide (Lasix) 20 mg oral tab take 1 tablet by mouth <u>daily</u>" • "Losartan (Cozaar) 50 mg oral tablet take 1 tablet by mouth <u>daily</u>" 	<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 PICKED UP MEDICATION FROM AFTER ON PHARMACY↑ THAT DAY WHEN INSPECTION HAPPENED.</p>	<p>1/18/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, the following medications were not available for administration:</p> <ul style="list-style-type: none"> • "Furosemide (Lasix) 20 mg oral tab take 1 tablet by mouth <u>daily</u>" • "Losartan (Cozaar) 50 mg oral tablet take 1 tablet by mouth <u>daily</u>" 	<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>MONITOR BOTTLE BOTTLE EVERY DAY WHILE GIVING THE MEDS. IF ITS HALF FULL I WILL CALL PHARMACY THAT ^{DAY} TO REPIII THE PRESCRIPTION. IF PHARMACY DOESN'T CALL TO SAY PRESCRIPTION IS READY, I WILL CALL TO FOLLOW UP. THE DAY AFTER I CALLED IN THE REFILL ORDER.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – no medication re-evaluation between 11-09-20 and 05-24-21.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – no medication re-evaluation between 11-09-20 and 05-24-21.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>INCLUDE MED RE-EVALUATION AS REQUIREMENT ON ANNUAL/MONTHLY LIST. CONTACT MD EVERY FOUR MONTHS & PROVIDE LIST OF MEDS (CURRENT MEDS) FOR MD TO REVIEW AND APPROVE WRITE AND SIGNED.</p> <p>REVIEW AND FILE IN RESIDENT'S BINDER AS SOON AS RECEIVED.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1, no incident report for emergency department visit of 09-27-21 and 12-09-21 for "UTI, nausea, vomiting and gastritis."</p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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 style="text-align: center;">9/27/21 & 12/9/21 INCIDENTS ARE FILED AND RECORDED IN RESIDENT BINDER.</p>	<p style="text-align: center;">1/20/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1, no incident report for emergency department visit of 09-27-21 and 12-09-21 for "UTI, nausea, vomiting and gastritis."</p> <p><u>This is a repeat deficiency from your 2019 and 2020 annual inspection.</u></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>SET ASIDE TIME EVERY THAT EVENING OF THE INCIDENT TO RECORD THE EVENT. HAVE INCIDENT FORM ON HAND WITH CURRENT MONTHLY "MAP" TO REMIND ME TO COMPLETE INCIDENT REPORT ON THE DAY OF ^{THE} EVENT.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>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:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – signed general operational policies referenced HAR Chapter 100.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>"UPDATED" ARCH POLICY/RESPONSIBILITIES PRESENTED & REVIEWED WITH RESIDENT & LEGAL REPRESENTATIVE.. IT IS SIGNED BY RESIDENT AND LEGAL REPRESENTATIVE (COPY GIVEN TO LEGAL REPRESENTATIVE) AND FILED IN RESIDENT BINDER.</p>	<p>1/18/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>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:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – signed general operational policies referenced HAR Chapter 100.</p> <p><u>This is a repeat deficiency from your 2020 annual inspection.</u></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>INCLUDE ARCH POLICIES/RESPONSIBILITIES AS A REQUIRED ITEM ON ANNUAL/MONTHLY CHECKLIST. INPUT POINTS THAT POA, RESIDENT HAS BEEN PRESENTED POLICIES & SIGNED W/ COPY GIVEN TO POA.</p> <p>DISCARDED ALL OLD COPIES. OR POLICIES POLICY COPIES OF NEW POLICIES MADE FOR FUTURE ADMINS.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Unable to access hallway room previously cited for excessive combustible materials as room was locked with key. Room viewed from outside window where it appeared to contain a bed piled high with clothes and storage bins on the floor surrounding the bed.</p> <p><u>This is a repeat deficiency from your 2020 life safety inspection and 2020 annual inspection.</u></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 REMOVED THE EXCESSIVE CLOTHES AND BINS FROM BEDROOM.</p>	<p>1/20/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Unable to access hallway room previously cited for excessive combustible materials as room was locked with key. Room viewed from outside window where it appeared to contain a bed piled high with clothes and storage bins on the floor surrounding the bed.</p> <p><u>This is a repeat deficiency from your 2020 life safety inspection and 2020 annual inspection.</u></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>ONCE A MONTH I WILL DECLUTTER AND CLEAN SO THAT THE CLOTHES OR ANYTHING COMBUSTIBLE WILL COLLECT & PILE UP</p>	1/20/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Kitchen sink – hot water temperature 60 degrees Fahrenheit.</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 RESET THE TRIPPERS ON METER TIMER SO IT TURNS ON DURING NON-DAYLIGHT HOURS/EVENING TO HEAT WATER.</p>	1/18/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Kitchen sink – hot water temperature 60 degrees Fahrenheit.</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 WILL MONITOR TEMP. OF WATER & MAKE SURE IT IS BETWEEN THE 100°-120° F THAT IS REQUIRED.</p>	<p>1/18/22</p>

Licensee's/Administrator's Signature: Olivia Corpuz-Santos

Print Name: OLIVIA CORPUZ-SANTOS

Date: 2/10/22

Licensee's/Administrator's Signature: Olivia C. Santos

Print Name: OLIVIA C. SANTOS

Date: April 1, 2022