

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Khrist Emmanuel Care Home, LLC	CHAPTER 100.1
Address: 94-1178 Hina Street, Waipahu, Hawaii 96797	Inspection Date: March 21, 2022 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CRSD
STATE LICENSING
APR 27 10:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> PCG stated she does not use a thermometer to measure food temperature when preparing meals. Thermometer was stored in unopened sealed wrapping.</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>→ Food thermometer was placed next to cooking stove in a sealed container and readily available for checking cold and hot food temperature.</p>	<p>3/21/22</p> <p>22 APR -4 P 4:10</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> PCG stated she does not use a thermometer to measure food temperature when preparing meals. Thermometer was stored in unopened sealed wrapping.</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 create a reminder note on the refrigerator or use phone reminder to use food thermometer when preparing food.</p>	<p>04/27/22</p> <p>STATE OF CONNECTICUT DOH-DHQA STATE INSPECTION</p> <p>22 APR 27 AM 4:41</p>

	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> Non-refrigerated medications found stored in unlocked and unsecured cabinet.</p> <p>Refrigerated medications found stored in unlocked and unsecured box stored in refrigerator.</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>→ All medication was placed and kept in a locked + secured cabinet and also all refrigerated medication was placed in the locked medicine container.</p>	<p>3/21/22</p> <p>22 APR -4 P 4:10</p> <p>STATE OF HAWAII DOH-DOCA STATE LICENSING</p>

	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> Non-refrigerated medications found stored in unlocked and unsecured cabinet.</p> <p>Refrigerated medications found stored in unlocked and unsecured box stored in refrigerator.</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>→ In the future, All medication will be kept in a locked and secured medicine cabinet and also in the refrigerator, medication will be placed in a locked container. I will also train, educate, and remind my substitute caregivers to always keep the medicine container locked and secured after administering the medication to the residents.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 APR -4 P 4:10</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 – Conflicting physician’s orders dated 1/4/22 state, “Primidone 250mg (1 tab) bid” and “Reduce Primidone to 250mg PO once a day”; no documented evidence of clarified orders.</p> <p>Resident #1 – Conflicting physician’s orders dated 2/3/22 state, “Acetazolamide 250 (1/2 tab) tid” and “Reduce acetazolamide to 250mgs once a day instead of ½ tab 3x day”; no documented evidence of clarified orders.</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 called Dr. Romero's office to confirmed and clarify the orders.</p>	<p>3/22/22</p> <p>22 APR -4 P4:10</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</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 – Conflicting physician’s orders dated 1/4/22 state, “Primidone 250mg (1 tab) bid” and “Reduce Primidone to 250mg PO once a day”; no documented evidence of clarified orders.</p> <p>Resident #1 – Conflicting physician’s orders dated 2/3/22 state, “Acetazolamide 250 (1/2 tab) tid” and “Reduce acetazolamide to 250mgs once a day instead of ½ tab 3x day”; no documented evidence of clarified orders.</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>→ In the future, I will put remind on computer/phone Appointment remind to clarify any conflicting medication orders with Doctor, on the time of the visit.</p>	<p>04/27/22</p> <p>22 APR 27 AM 0:41</p> <p>STATE OF HAWAII DOH-CHCA STATE Licensure</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Schedule of activities unavailable for review</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>→ A schedule activities plan was placed in the resident care home folder.</p>	<p>3-21-22</p> <p>22 APR -4 P 4:10</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Schedule of activities unavailable for review</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>→ In the future, I will add it to my admission checklist, creating a schedule activities to my checklist.</p>	<p>04/27/22</p> <p>22 APR 27 AM 4:11</p> <p>STATE OF HAWAII DCH-ORCA STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician note dated 1/6/22 stated resident had “R hand edema” and “fungal to infection → bilateral 1st/2nd/3rd toes” with treatment orders for both; however, no documented evidence of observed responses to treatment and monitoring of these conditions in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF ILLINOIS DOH-ORCA STATE LICENSING</p>	<p>22 APR -4 P 4:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician note dated 1/6/22 stated resident had “R hand edema” and “fungal to infection → bilateral 1st/2nd/3rd toes” with treatment orders for both; however, no documented evidence of observed responses to treatment and monitoring of these conditions in progress notes.</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>→ In the future, I will put a reminder note ^{and} for on service for staff to document on all Wounds treatment / condition of wounds until it resolves in progress note.</p>	<p>04/27/22</p> <p>22 APR 27 AM 41</p> <p>STATE OF HAWAII DOR-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Physician visits dated 1/4/22 and 1/6/22 were not documented in progress notes</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 APR -4 P 4:10</p> <p>STATE OF MAINE DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Physician visits dated 1/4/22 and 1/6/22 were not documented in progress notes</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>→ In the future I will put a reminder ^{to document} all physician visit in my computer and phone. All appointment will be documented in progress notes.</p>	<p>04/27/22</p> <p>22 APR 27 AM 4:41</p> <p>STATE OF ILLINOIS DOH-CODA STATE LICENSING</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 – Incident report, dated 11/28/21, stored within resident's record and not under separate cover</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>→ After inspection, caregiver placed incident report to the carehome folder.</p>	<p>3-21-22</p> <p>22 APR -4 P 4:10</p> <p>STATE OF HAWAII DDP-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out used on multiple areas of resident register</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 APR -4 P 4:10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> Resident #1 – Signaling device unavailable for wheelchair-bound resident to call for help while resident was observed sitting alone in the living room while caregiver went to shower.</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>→ At the time of inspection the bell signaling device was immediately placed next to my expanded carehome resident.</p>	<p>3-21-22</p> <p>22 APR -4 P 4:10</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 – Case management services not being provided for resident deemed expanded level of care by physician on 12/2/21.</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>→ In the future A case manager has been obtained for the resident.</p>	<p>04/27/22</p> <p>22 APR 27 MO :41</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a care plan developed for the expanded level resident</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>→ A case Manager was obtained a and a care plan developed</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>04/27/22</p> <p>22 APR 27 AM 0:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a care plan developed for the expanded level resident</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>→ In the future, I will put a reminder note on my admission checklist to obtain a care plan at admission for all expanded residents.</p>	<p>04/27/22</p> <p>22 APR 27 AM 0:42</p> <p>STATE OF HAWAII DOH-ORA STATE LICENSING</p>

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: ANITA PERALTA

Date: April 04, 2022

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

22 APR -4 P 4:11

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: Anita Peralta

Date: 04-27-22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 APR 27 AM 10:42