

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raqueno Care Home	CHAPTER 100.1
Address: 3454 Likini Street, Honolulu, Hawaii 96818	Inspection Date: January 6, 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.

21 APR 30 P 2:41
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute care giver (SCG) #2 - No screening for symptoms consistent with pulmonary tuberculosis (TB). Screening form was not signed by the physician. Submit a copy with the plan of correction (POC).	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. SCG #2 went to his MD in Urgent Care Hawaii and had the TB Risk Assessment and Attestation Screening Form signed by the MD on January 29, 2021. See the attached copy of the form. New TB Clearance Form completed for SCG #2 on February 24, 2021. See the attached form.</p> <p align="right">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p align="right">1/29/2021</p> <p align="right">21 APR 30 P2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Substitute care giver (SCG) #2 - No screening for symptoms consistent with pulmonary tuberculosis (TB). Screening form was not signed by the physician. Submit a copy with the plan of correction (POC).	<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>1) The Licensee or PCG will make sure the copy of TB Clearance or screening Form has a complete and correct information especially MD signature before filing it in RCHLC binder.</p> <p>2) The Licensee or PCG will make a tracker or spreadsheet for all the caregivers about their TB Clearance as a guide to check for any missing information.</p> <p>3) The Licensee or PCG will inspect first TB Clearance form upon admission in order to check if any missing MD signature and will be double checked by other caregivers.</p> <p>4) If any missing MD signature on the TB Form must not be filed in the binder until it is being signed by the MD.</p>	<p style="text-align: right;">1/29/2021</p> <p style="text-align: right;">21 APR 30 P 2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) 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. FINDINGS Resident #1 - The following were ordered by the Hemodialysis Center APRN: <ul style="list-style-type: none"> • 11/10/20: "Continue to give food high in phosphorous" • 11/19/20: "Please monitor fluid/sodium restrictions" • 11/21/20: "Please monitor fluid/Na intake" • 11/24/20: "Please monitor fluid/Na intake" Diet order was not clarified with the physician regarding high phosphorous food, sodium restriction and fluid monitoring.	<p align="center">PART I</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. All the diet orders listed (11/10/20, 11/19/20, 11/21/20, and 11/24/20) were documented in the progress notes. Fluid monitoring sheet had been created and kept it in the binder. The resident was always being taught and reminded by the HD RN and and reminded by the HD Center as question of the HD Center as verbalized by the resident. Health teaching also done by the PCG at the Laguna Care Home, LLC.</p> <p>Fluid restriction ordered as 32 call per day on November 26, 2020 and strictly followed by all caregivers. PCG called and spoke to HD APRN to specify and clarify for orders made and for future orders. See the attached</p>	1/7/2021 21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (1) 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. FINDINGS Resident #1 - The following were ordered by the Hemodialysis Center APRN: <ul style="list-style-type: none"> • 11/10/20: "Continue to give food high in phosphorous" • 11/19/20: "Please monitor fluid/sodium restrictions" • 11/21/20: "Please monitor fluid/Na intake" • 11/24/20: "Please monitor fluid/Na intake" Diet order was not clarified with the physician regarding high phosphorous food, sodium restriction and fluid monitoring.	<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>1) The PCG will make sure to clarify the MD orders before carrying it out.</p> <p>2) The PCG will remind the HD MD or APRN to specify and write the orders in details all the time.</p> <p>3) The PCG will read back the orders from the MD or APRN and ask clarification on the and any not being ordered.</p> <p>4) The PCG will make sure the specific amount of recommended fluid intake, and sodium intake, and are written in the MD order sheet, and to let the MD/APRN to counter sign the order sheet if it is received in a telephone order on the next MD visit.</p>	1/7/2021 21 APR 2021 DATE RECEIVED DO NOT WRITE IN THESE SPACES

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order for "Cephalexin 250 mg oral cap Take 1 cap my (sic) mouth every day. Take after HD on HD days" recorded on the December 2020 medication record.	<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;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">4/7/2021</p> <p style="text-align: right;">21 APR 30 P 2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order for "Cephalexin 250 mg oral cap Take 1 cap my (sic) mouth every day. Take after HD on HD days" recorded on the December 2020 medication record.	<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>1) PCG will make sure that any medications delivered by the VA Pharmacy will have a written MD order and let the MD to countersign the order sheet on the next MD visit.</p> <p>2) PCG will write down the telephone order as soon as possible in a physician order sheet, and fax over to MD office to have it signed and return the order sheet as soon as they present future problem.</p> <p>3) PCG will have Blank MD order sheet always on hand so that the PCG can write the order easily and right away with delay, and to prevent forgetting.</p>	1/8/2021 <div style="text-align: right;">APR 30 2021 STATE OF MICHIGAN DEPT OF HEALTH LICENSING</div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS Resident #1 - Telephone order from the primary physician taken by the primary care giver (PCG) to "Stop Renvela until further notice" taken on 11/5/20 was not recorded on the physician order sheet. The telephone order was noted in the care giver progress notes.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes. PCG followed up the resident's MD to write a physician order to stop Renvela until further notice dated on 11/5/2020. PCG received a medication list stated that Sevelamer was withheld from 11/6/2020. See the attached form.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	1/8/2021 21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 - Telephone order from the primary physician taken by the primary care giver (PCG) to "Stop Renvela until further notice" taken on 11/5/20 was not recorded on the physician order sheet. The telephone order was noted in the care giver progress notes.	<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>1) PCG will always have an extra copy of the physician order sheet wherever he is going in order to have ready to write down a telephone order and to have it signed by the MD/ APRN on the next visit.</p> <p>2) PCG will alternatively fax over the written order to the MD office and let the MD to sign and fax it back to care home and to be kept available in resident's binder.</p>	11/8/2021 <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>

21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Acetaminophen 325 mg Take 1-2 tabs every 6 hours as needed for pain" ordered 12/4/20. The December 2020 medication record noted the medication was taken 12/10/20, 12/11/20, 12/12/20, 12/13/20, 12/14/20 (x2), 12/29/20 (x2), and 12/31/20 (x2); however, the number of tablets taken was not documented.	<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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	1/8/2021 21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Acetaminophen 325 mg Take 1-2 tabs every 6 hours as needed for pain" ordered 12/4/20. The December 2020 medication record noted the medication was taken 12/10/20, 12/11/20, 12/12/20, 12/13/20, 12/14/20 (x 2), 12/29/20 (x 2), and 12/31/20 (x2); however, the number of tablets taken was not documented.	<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>1) PCG will make sure that the number of Acetaminophen tablet will be written right above the caregiver's initial.</p> <p>2) PCG will check and review every day the MAR if per Acetaminophen has the number of tablet documented.</p> <p>3) PCG will lead and remind all the SCGs to make sure they put the correct number of Acetaminophen tablet right above their initial or in the appropriate MAR box to document.</p> <p>4) PCG will make a follow up check all the SCGs every after medication pass if they really document medication in the MAR with the correct number of tablets.</p>	1/8/2021 21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Acetaminophen 325 mg Take 1-2 tabs every 6 hours as needed for pain" ordered 12/4/20. The December 2020 medication record did not indicate the time of day the medication was taken 12/13/20, 12/14/20 (x 2), 12/29/20 (x 2), and 12/31/20 (x2).	<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>	1/8/2021 <div style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>

21 APR 30 P2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Start taking Renvela (sevelamer) 800 mg 2 tabs 3x/d with meals 1 tab with snacks" ordered 11/3/20 was not recorded on the November 2020 medication record.	<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: center;">1/5/2021</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 APR 30 P2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Start taking Renvela (sevelamer) 800 mg 2 tabs 3x/d with meals 1 tab with snacks" ordered 11/3/20 was not recorded on the November 2020 medication record.	<p style="text-align: center;">PART 2 FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) PCG will make sure that the medication ordered by the MD/APPN is written in the MMR immediately after the order is received either verbal/written order.</p> <p>2) PCG will ask the SCG on duty to double check the MD/APPN order of medication and if it matched from the MMR.</p> <p>3) PCG will record the ordered medication in the medication record as soon as possible to prevent future problem of missed documentation in the MMR.</p>	<p style="text-align: right;">1/9/2021</p> <p style="text-align: right;">21 APR 30 P2:41</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH NURSING LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - The December 2020 medication record noted "Cephalexin 250 mg oral cap take 1 cap my (sic) mouth every day Take after HD on HD days" was initiated as taken by the resident 12/14-23/20; however, the time of day the medication was taken was not recorded.	<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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	11/9/2021 21 APR 30 P 2:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - The December 2020 medication record noted "Cephalexin 250 mg oral cap take 1 cap my (sic) mouth every day Take after HD on HD days" was initiated as taken by the resident 12/14-23/20; however, the time of day the medication was taken was not recorded.	<div data-bbox="1323 1260 1356 1386">PART 2</div> <div data-bbox="1250 1207 1291 1438"><u>FUTURE PLAN</u></div> <div data-bbox="1104 955 1218 1690"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) PCG will make sure that the medication administration time is being recorded in the appropriate MAR box.</p> <p>2) PCG will check and review the MAR daily in order to find out if any medication administration and have it corrected immediately.</p> <p>3) PCG will pack and remind all the SCGs to ensure they record the time of day the medication is was taken.</p> <p>4) PCG will follow up the SCG one duty every after medication pass duty properly record the medication administered with with the right time.</p> </div>	<div data-bbox="1291 1732 1356 1890">1/9/2021</div> <div data-bbox="284 1774 568 1827">21 APR 30 P2:41</div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 - The admission "Report of Recent Medical Examination" did not have the diagnosis specified. The resident is on hemodialysis three (3) times a week.	<div data-bbox="1339 1260 1364 1375">PART 1</div> <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> <div data-bbox="381 1627 584 1711" style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	<div data-bbox="1291 1711 1364 1879" style="text-align: right;">11/9/2021</div> <div data-bbox="341 1774 617 1816" style="text-align: right;">21 APR 30 P 2:41</div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 - The admission "Report of Recent Medical Examination" did not have the diagnosis specified. The resident is on hemodialysis three (3) times a week.	<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>1) PCG will make sure that any future report of Medical Examination Form must have complete information especially the specified diagnosis.</p> <p>2) PCG will review first the report of Medical Examination Form if it is complete and no missing information before putting in the resident's binder.</p> <p>3) If PCG receives an incomplete report of Medical Examination, the MD or APRN who created the form must be notified immediately to complete the form without delay.</p>	<p style="text-align: right;">1/9/2021</p> <p style="text-align: right;">21 APR 30 P2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #1 - The TB Document F completed by the primary physician did not indicate the TB screening date. Submit a completed copy with the POC.	<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> Wee. PCG informed the primary physician of the resident to write the TB Screening Date and completed the form on January 10, 2021. See the attached TB Document F of resident #1. </p>	1/10/2021 <div style="text-align: right;"> 21 APR 30 P2:41 STATE OF HAWAII DOH-CHCA STATE LICENSING </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #1 - The TB Document F completed by the primary physician did not indicate the TB screening date. Submit a completed copy with the POC.	<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>1) PCG will make sure that the future TB Document F must have complete information separately the TB screening date.</p> <p>2) PCG will review properly the TB Document F if it is complete without any missing information before inserting it in the resident's chart.</p> <p>3) IF PCG receive an incomplete TB Document F, PCG will notify the resident's MD/APRN immediately and to complete the form without delay.</p>	<p>1/10/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - No December 2020 progress notes.	<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: center;">1/10/2021</p> <p style="text-align: center;">21 APR 30 P2:41 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - No December 2020 progress notes.	<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>1) PCG will ensure to check and review the resident's binder if progress notes each month have been completed.</p> <p>2) PCG will make a calendar reminder and mobile phone reminder or alarm will be set-up every 25th of the month.</p> <p>3) PCG will make sure to write or complete the progress notes between 25th to end of each month.</p> <p>4) SCGS will double check the resident's binder if any complete progress notes on the last of each month.</p>	<p style="text-align: right;">11/10/2021</p> <p style="text-align: right;">21 APR 30 P2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - On 11/26/20, the Hemodialysis Center APRN noted "Please monitor fluid/Na intake." "Fluid Restriction 32 ounces a day." However, there was no documentation that the fluid & sodium intake was monitored. There was no documentation that the "fluid restriction of 32 ounces a day" was followed.	<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>	11/10/2021 <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING 21 APR 30 P2:41 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - On 11/26/20, the Hemodialysis Center APRN noted "Please monitor fluid/Na intake." "Fluid Restriction 32 ounces a day." However, there was no documentation that the fluid & sodium intake was monitored. There was no documentation that the "fluid restriction of 32 ounces a day" was followed. 4) Fluid restriction documentation will be written in the established Fluid Restriction Monitoring Sheet.	<div data-bbox="1266 1207 1307 1438">PART 2</div> <div data-bbox="1266 1207 1307 1438">FUTURE PLAN</div> <div data-bbox="1128 966 1234 1690"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div> <div data-bbox="787 945 1120 1879"> PCG will ensure that the documentation and following MD/APRN orders such as Fluid Restriction or Monitoring of diet/Na/Fluid intake must be completed immediately and inserted in the patient's binder. 2) PCG will check and review first the resident #1 Hemodialysis MD Note if any orders will be made and it will need to be carried out and properly documented and followed as ordered. 3) PCG will track and remind all the SCGs to follow and document the MD/APRN orders of Fluid Restriction or Fluid/Na Intake Monitoring. PCG will release the SCG's statement after for correction to make and completeness of the documentation. </div> <div data-bbox="365 1638 641 1837"> 21 APR 30 P2:41 STATE OF OHIO DEPARTMENT OF HEALTH STATE OF OHIO DEPARTMENT OF HEALTH </div>	1/10/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - Progress notes did not reflect the need for and response to "cephalexin 250 mg oral caps" taken 12/14-23/20.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	1/11/2021 <div style="text-align: right;"> STATE OF HAWAII DOH-OHCA STATE LICENSING 21 APR 30 P2:41 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - Progress notes did not reflect the need for and response to "cephalexin 250 mg oral caps" taken 12/14-23/20.	<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>1) PCG will make sure that ^{the} progress note will be completed every after the antibiotic course indicating if any adverse reactions of the medication after completing in taking the antibiotic.</p> <p>2) PCG will complete immediately the progress notes after ^{if} for any extraneous ^{extraneous} at the resident's response to medication, diet, care plan, any change in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken.</p> <p>3) PCG will review and double check the resident's progress notes if ^{if} the progress notes for any incident occur are complete and inserted in the resident's binder.</p>	11/11/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - The progress notes did not reflect the resident's condition following vascular surgery for fistula repair on 12/4/20 as it pertains to pain, dressing (if any), and presence of a bruit."	<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: center;">1/11/2021</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 APR 30 P 2:41</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - The progress notes did not reflect the resident's condition following vascular surgery for fistula repair on 12/4/20 as it pertains to pain, dressing (if any), and presence of a bruise."	<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>1) PCG will ensure to write a complete or detailed progress notes following any procedure or surgery, any response or reaction to a certain procedure or incidents.</p> <p>2) PCG will set a reminder to review the resident's binder and check if the progress note is complete or not. Completeness of the progress notes must be done immediately to prevent future citation.</p> <p>3) PCG will lead and remind SCGS to learn on how to write complete the progress notes. PCG will review the SCG's notes, correct and complete.</p>	<p style="text-align: right;">1/11/2021</p> <p style="text-align: right;">21 APR 30 P2:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 - No documentation that the fluid restriction of "32 ounces a day" ordered by the Hemodialysis APRN on 11/26/20 was followed.</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>Yes. PCG created a Fluid Restriction Monitoring Sheet for resident #1 effective January 6, 2021. See attached form.</p>	<p>1/6/2021</p> <p>21 APR 30 P2:42</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 - No documentation that the fluid restriction of "32 ounces a day" ordered by the Hemodialysis APRN on 11/26/20 was followed.	<p align="center"> PLAN OF CORRECTION PART 2 FUTURE PLAN </p> <p> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> 1) PCG and SCGs will make sure to document the resident #1 Fluid Restriction order of "32 ounces a day" each day of the month till further notice in a Fluid Restriction Monitoring Sheet. 2) PCG will track and record the SCGs to track and record the amount of fluid taken by resident #1 daily. 3) PCG will review the Fluid Restriction Monitoring Sheet if the resident is following or not the HD APRN's order and notify the MD/APRN for not being compliant or any progression for future adjustment to be ordered by the MD/APRN. 4) PCG will ensure that the hand copy of Fluid Restriction Monitoring Sheet each month is accessible in resident's binder. </p>	<p align="center">1/6/2021</p>

APR 30 P2:42
 STATE OF HAWAII
 DEPT. OF HEALTH
 DIVISION OF LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #1 - No documentation that fluid and sodium intake was monitored as ordered by the Hemodialysis APRN as follows: 11/7/20 - "Continue to eat food ↑ in phosphorous" 11/10/20 - "Continue to give food high in phosphorous" 11/19/20 - "Monitor fluid/sodium restrictions" 11/21/20 - "Monitor fluid/Na intake restrictions" 11/24/20 - "Monitor fluid/Na intake"	<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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">1/12/2021</p> <p style="text-align: right;">21 APR 30 P 2:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #1 - No documentation that fluid and sodium intake was monitored as ordered by the Hemodialysis APRN as follows: 11/7/20 - "Continue to eat food ↑ in phosphorous" 11/10/20 - "Continue to give food high in phosphorous" 11/19/20 - "Monitor fluid/sodium restrictions" 11/21/20 - "Monitor fluid/Na intake restrictions" 11/24/20 - "Monitor fluid/Na intake" 4) All the Fluid restriction documentation will be written in the established Fluid Restriction Monitoring Sheet.	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>1) PCG will make sure that all HD MD/APRN orders such as Fluid, Sodium, and phosphate intake monitoring will be documented completely and in timely manner in the progress note.</p> <p>2) PCG will teach and remind the SSGs to follow the HD MD/APRN orders and to document or fine. PCG will double check or review the SSG's documentation for any correction or missing data.</p> <p>3) PCG will set a reminder every day to review the resident's binder for completion of progress notes in regards to HD MD/APRN orders.</p>	<p>11/12/2021</p> <p>STATE OF HAWAII BOA OF NCA STATE LICENSING</p> <p>21 APR 30 P2:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date																								
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(4) During residence, records shall include: Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 - Blood sugar record was not consistent with the meter reading. For example:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Medication Record</th> <th>Meter</th> </tr> </thead> <tbody> <tr> <td>1/3/21</td> <td>146</td> <td>177</td> </tr> <tr> <td>1/1/21</td> <td>168</td> <td>198</td> </tr> <tr> <td>12/31/20</td> <td>198</td> <td>192</td> </tr> <tr> <td>12/29/20</td> <td>102</td> <td>112</td> </tr> <tr> <td>12/26/20</td> <td>182</td> <td>332</td> </tr> <tr> <td>12/25/20</td> <td>R</td> <td>182</td> </tr> <tr> <td>12/24/20</td> <td>195</td> <td>No result for the day</td> </tr> </tbody> </table>	Date	Medication Record	Meter	1/3/21	146	177	1/1/21	168	198	12/31/20	198	192	12/29/20	102	112	12/26/20	182	332	12/25/20	R	182	12/24/20	195	No result for the day	<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: center;">1/12/2021</p> <div style="text-align: right;"> <p>STATE OF HAWAII BOH-CHCA STATE LICENSING</p> <p>21 APR 30 P2:42</p> </div>
Date	Medication Record	Meter																									
1/3/21	146	177																									
1/1/21	168	198																									
12/31/20	198	192																									
12/29/20	102	112																									
12/26/20	182	332																									
12/25/20	R	182																									
12/24/20	195	No result for the day																									

RULES (CRITERIA)



§11-100.1-17 Records and reports. (b)(4)
During residence, records shall include:

Entries describing treatments and services rendered;

FINDINGS

Resident #1 - Blood sugar record was not consistent with the meter reading. For example:

Date	Medication Record	Meter
1/3/21	146	177
1/1/21	168	198
12/31/20	198	192
12/29/20	102	112
12/26/20	182	332
12/25/20	R	182
12/24/20	195	No result for the day

PLAN OF CORRECTION

PART 2

FUTURE PLAN

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

- 1) PCG will ensure to check and review the blood sugar record that it is matched with the meter reading everyday.
- 2) PCG will track all the SCGs to properly document the blood sugar result from the meter reading. All caregivers must document immediately the blood sugar result right after obtaining it obtaining the blood sugar to prevent error in the recording of blood sugar results.
- 3) PCG will inspect and double check if the blood sugar meter is written in the record sheet is the correct and matched with the meter reading right after every blood sugar monitoring.

Completion
Date

1/12/2021

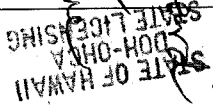
21 APR 30 P2:42

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS All SCG did not have documentation of training for insulin pen use. Submit a copy of the training for each with the POC.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes. PCG provided the training for Insulin Pen use to all SCGs on August 6, 2020 by January 6-7, 2021. See attached forms.</i></p>	<p style="text-align: center;"><i>1/13/2021</i></p>

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 APR 30 P2:42

January 6-7, 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS All SCG did not have documentation of training for insulin pen use. Submit a copy of the training for each with the POC.	<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>1) PCG will ensure and double check that all the training for insulin pen use for all SCG's are complete and always available in the care home binder.</p> <p>2) PCG will teach all the SCG's about Insulin Pen use on yearly basis and with follow up quarterly to assess and evaluate their competency skills performance. Their Insulin Pen use training binder copies will be made available on time separately in care home binder for inspection.</p>	<p style="text-align: right;">1/13/2021</p> <div style="text-align: right;">  STATE OF HAWAII DEPARTMENT OF HEALTH DATE RECEIVED APR 30 2021 </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS SCG #2 & SCG #4 - No documentation of training for blood sugar checks. Submit a copy of the training for each with the POC.</p>	<p style="text-align: center;">PART I</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>Yes. The documentation of training for blood sugar checks of SCG #2 and #4 were done in August 6, 2020. See attached forms.</i></p>	<p><i>11/13/2021</i></p> <p style="text-align: right;">21 APR 30 P2:42 STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. <u>FINDINGS</u> SCG #2 & SCG #4 - No documentation of training for blood sugar checks. Submit a copy of the training for each with the 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>1) PCG will make sure all the documentation or hard copy of SCG's training for blood sugar checks will be made available in the care home binder all the time.</p> <p>2) PCG will teach all the SCG's training for blood sugar checks on yearly basis and put their training documentation in the care home binder.</p> <p>3) PCG will post a spreadsheet of training list so that all SCG's will track when they will have their schedule for training and have verbal notice.</p>	<p style="text-align: right;">11/13/2021</p> <p style="text-align: right;">21 APR 30 P2:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> , (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request. FINDINGS No fire drill for December 2020. The last fire drill was on 9/15/20.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">11/13/2021</p> <p style="text-align: right;">21 APR 30 P 2:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (S)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request. <u>FINDINGS</u> No fire drill for December 2020. The last fire drill was on 9/15/20.	<p 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> 1) PCG will make sure that every first week of each month must have fire drill documentation with execution. 2) PCG will set a phone reminder every last week of the month to remind all the caregivers that fire drill must be completed every month. 3) PCG will check the care home binder if fire drill documentation is complete each month and give a daily basis to prevent future problem. 4) All SCGS will be reminded to double check the care home binder for the completion of fire drill documentation. </p>	<p align="center">11/13/2021</p> <p align="center">21 APR 30 P2:42</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (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. 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. <u>FINDINGS</u> Hot water temperature was 125° F.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. PCG informed the owner of the issue on the day of inspection (January 6, 2021) and adjustment was done on that day into 115°F, and being maintained within the range of 100°F-120°F.</p>	<p style="text-align: right;">1/6/2021</p> <p style="text-align: right;">21 APR 30 P2:42 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (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. 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. <u>FINDINGS</u> Hot water temperature was 125° F.	<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>1) PCG will check the hot water temperature every day for the safety of the patients/nurses and caregivers.</p> <p>2) PCG will coordinate with the owner of the house to maintain within the range of 100°-120°F all the time.</p> <p>3) PCG will post a reminder in the sink area to check the hot water temperature on the time.</p> <p>4) PCG will adjust night awareness the hot water temperature within the range of 100°-120°F to prevent burn among all personnel.</p>	<p style="text-align: right;">1/6/2021</p> <p style="text-align: right;">21 APR 30 P2:42</p>

Licensee's/Administrator's Signature: _____

Myra [Signature]

Print Name: _____

NELEKETH JOHN RAQUELO

Date: _____

April 29, 2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR 30 P2:42