

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marrhey Care Home, LLC	CHAPTER 100.1
Address: 94-211 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: April 27, 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.

22 JUL 29 P 4:35
STATE OF HAWAII
LICENSING DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #2, SCG #3, Household Member (HHM) #1 – No documented evidence of fieldprint background checks.</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>Fieldprint appointment were made per instructions provided via email by the department. Report was obtained for PCG, however, reports for SCG #1,2,3 and HHM #1 are still pending.</p> <p>Pending Fieldprint appointments are scheduled for July 27, 2022</p>	<p>7/26/2022</p>

22 JUL 29 P 4:35
STATE OF HAWAII
STATE DEPT. OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #2, SCG #3, Household Member (HHM) #1 – No documented evidence of fieldprint background checks.</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>All future Fieldprint appointments will be scheduled 6-months prior to expiration date. Proof of appointments for SCG's will be turned in to PCG. All expiration dates will be noted on the care home calendar and reminders will be sent out 1 week prior to 6-month window.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
COMMUNITY CARE DIVISION
22 JUL 29 PM 4:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 – No signed written agreement between licensee and resident available 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>Written agreement was located and filed in the front of main binder.</p>	<p>7/26/2022</p>

22 JUL 29 PM 3:35
STATE OF HAWAII
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STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 – No signed written agreement between licensee and resident available 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>To avoid misfiling of documents, each patient binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. this has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

STATE OF HAWAII
OCH OFFICE
STATE RECORDS
22 JUL 29 PM 4:36

	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> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of annual physical exam.</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>Documents for annual physical exams were obtained from PCG, SCG#2,3 and HHM #1</p>	<p>7/26/2022</p>

STATE OF HAWAII
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STATE LHO-1000

22 JUL 29 P4:36

	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> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of annual physical exam.</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>Appointments will be made for the next annual exam at least 6-months prior to expiration. Proof of appointment for all SCG's will be provided to PCG. Due date will be noted on the care home calendar and reminders sent out 1-month prior to due date.</p>	<p>7/26/2022</p>

STATE OF MARYLAND
DEPARTMENT OF
SITELICENSING

22 JUL 29 PM 3:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of initial tuberculosis (TB) clearance.</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>These records were located or obtained and filed in ARCH binder for PCG, SCG #2, #3 and HHM #1.</p>	<p>7/26/2022</p>

STATE OF MARYLAND
DEPARTMENT OF
STATE LICENSING

22 JUL 29 PM 4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of initial tuberculosis (TB) clearance.</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>To avoid misfiling of documents, the ARCH binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

22 JUL 29 P4:36
STATE OF MICHIGAN
DEPARTMENT OF
STATE LIGNING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§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.</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of current tuberculosis (TB) clearance.</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>These records were located or obtained and filed in ARCH binder for PCG, SCG #2, #3 and HHM #1.</p>	<p>7/26/2022</p>

STATE OF MASSACHUSETTS
DEPARTMENT OF
STATE RECORDS
22 JUL 29 P4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§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.</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3, HHM #1 – No documented evidence of current tuberculosis (TB) clearance.</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>Appointments will be made for the next annual exam at least 6-months prior to expiration. Proof of appointment for all SCG's will be provided to PCG. Due date will be noted on the care home calendar and reminders sent out 1-month prior to due date.</p>	<p>7/26/2022</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

22 JUL 29 P 4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3 – No documented evidence of current 1st Aid certification.</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>These records were located or obtained and filed in ARCH binder for PCG, SCG #2 and SCG #3.</p>	<p>7/26/2022</p>

22 JUL 29 P4:36
STATE OF HAWAII
REGISTRATION
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3 – No documented evidence of current 1st Aid certification.</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>Expiration dates will be noted on the care home calendar and reminders will be sent out 1-month prior to expiration date.</p>	<p>7/26/2022</p>

22 JUL 29 PM 4:36
STATE OF HAWAII
GOVERNMENT
COMMUNITY DEVELOPMENT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG#1, SCG #2, SCG #3 – No documented evidence of PCG training of SCG's to make prescribed medications available.</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>These records were located or obtained and filed in ARCH binder for SCG #1, SCG #2 and SCG #3.</p>	<p>7/26/2022</p>

STATE OF MARYLAND
DEPARTMENT OF
HEALTH & HUMAN SERVICES
JUL 29 4:36 PM '22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, SCG #3 – No documented evidence of PCG training of SCG's to make prescribed medications available.</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>To avoid misfiling of documents, the ARCH binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

22 JUL 29 PM 4:36
STATE OF HAWAII
DEPT. OF HEALTH
STATE LITIGATION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3 – No documented evidence of current Cardiopulmonary Resuscitation (CPR) certification.</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>These records were located or obtained and filed in ARCH binder for PCG, SCG #2 and SCG #3.</p>	<p>7/26/2022</p>

22 JUL 29 PM 36
STATE OF RHODE ISLAND
DEPARTMENT OF
SOCIETY OF HUMAN SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG, SCG #2, SCG #3 – No documented evidence of current Cardiopulmonary Resuscitation (CPR) certification.</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>Expiration dates will be noted on the care home calendar and reminders will be sent out 1-month prior to expiration date.</p>	<p>7/26/2022</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 – April 2022 Medication administration record (MAR) in incomplete.</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>An updated hard copy of the electronic file was printed and filed accordingly for the department to review.</p>	<p>7/26/2022</p>

22
JUL 29 P4:36
STATE OF MARYLAND
STAFF DEVELOPMENT

	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 – April 2022 Medication administration record (MAR) in incomplete.</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>Any changes to medication orders will be promptly recorded in the MAR immediately after receiving a signed order from the physician/APRN by PCG or SCG. The MAR will be initialed promptly after medication has been administered by PCG or SCG and the MAR reviewed daily and initiation of correction of any error made by Saturday every week. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

22 JUL 29 P 4:36
STATE OF MARYLAND
BOE-1-PCG
STATE LIEBOWITZ

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 documented evidence that medications are being reviewed, renewed and signed by physician/ARPN every 4 (four) months.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JUL 29 PM 4:36</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 documented evidence that medications are being reviewed, renewed and signed by physician/APRN every 4 (four) months.</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>To ensure that there is a clear physician or APRN order on when medication should be reviewed, a section will be preprinted on all Physician/APRN Record that will require physician/APRN to fill and initial.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

22 JUL 29 PM 4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (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 – No schedule of Activities available 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>An updated hard copy of the electronic file was printed and filed accordingly for the department to review.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STANDARD 1001

22 JUL 29 PM 4:36

	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 – No schedule of Activities available 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, updated hard copy of electronic files will be filed accordingly for the department to review. To avoid misfiling of documents, each patient binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

STATE OF CONNECTICUT
DEPARTMENT OF
CORRECTIONS
JUL 29 4:36 PM '22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of initial TB clearance.</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>Resident #1 record of 2-step TB test was obtained from Hawaii State TB office and a new skin test administered, records obtained and filed accordingly.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
TUBERCULOSIS

22 JUL 29 PM 4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of initial TB clearance.</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>To avoid missing documents, patient binders will be reviewed on the third Saturday of every month. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current TB clearance.</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>Resident #1 record of 2-step TB test was obtained from Hawaii State TB office and a new skin test administered, records obtained and filed accordingly.</p>	<p>7/26/2022</p>

STATE OF HAWAII
COMMUNITY
STATE DEPT. OF HEALTH

22 JUL 29 PM 4:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current TB clearance.</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>Expiration dates will be noted on the care home calendar and reminders will be sent out a week prior to expiration date.</p>	<p>7/26/2022</p>

STATE OF OHIO
DEPARTMENT OF
STATE CORRECTIONS

22 JUL 29 PM 36

	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 reports were located in resident's record.</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>Incident reports were filed in the ARCH binder using suggested filing provided by the department.</p>	<p>7/26/2022</p>

22 JUL 29 PM 4:36
STATE OF MARYLAND
REGISTRY

	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 reports were located in resident's record.</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>To avoid misfiling of documents, the ARCH binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

22 JUL 29 PM 4:36
STATE OF HAWAII
DEPARTMENT
OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> No general register available or 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>An updated hard copy of the electronic file was printed and filed accordingly for the department to review.</p>	<p>7/26/2022</p>

22 JUL 29 PM 4:36
STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE CLERK

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> No general register available or 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, updated hard copy of electronic files will be filed accordingly for the department to review. To avoid misfiling of documents, each patient binder and ARCH binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JUL 29 PM 3:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Last time resident's inventory was updated was 2018.</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>An updated hard copy of the electronic file was printed and filed accordingly for the department to review.</p>	<p>7/26/2022</p>

STATE OF OREGON
DEPARTMENT OF
STATE LITIGATION

22 JUL 29 PM 3:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Last time resident's inventory was updated was 2018.</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>Changes will be made in inventory immediately after a new purchase of an item for the resident or when a current belonging has been discarded. In the future, updated hard copy of electronic files will be filed accordingly for the department to review. To avoid misfiling of documents, each patient binder and ARCH binder will be reviewed on the third Saturday of every month using suggested filing provided by the department. This has been added to the care home calendar as a reminder.</p>	<p>7/26/2022</p> <p>22 JUL 29 P 4:36</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LIBRARIAN</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><u>FINDINGS</u> A record of quarterly fire drills were 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>All older records of quarterly fire drills were filed in the ARCH binder and another binder will hold records of current drills going 1 year back. Both binders were relocated in order to be readily available for department review.</p>	<p>7/26/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><u>FINDINGS</u> A record of quarterly fire drills were 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>Fire drills will be held on the 15th of every month and noted on the care home calendar. Record of the drill will be made immediately and filed accordingly for the department to review.</p>	<p>7/26/2022</p>

STATE OF NEW YORK
DEPT. OF HEALTH
STATE LISTENING

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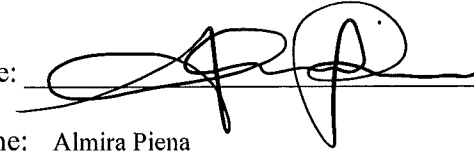
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG – Only six (6) hours of continuing education hours were available for review.</p> <p>SCG #2, SCG #3 – No continuing education hours available 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>All available continuing education hours were located and filed accordingly.</p>	<p>7/26/2022</p>

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STATE OF MARYLAND
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG – Only six (6) hours of continuing education hours were available for review.</p> <p>SCG #2, SCG #3 – No continuing education hours available 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>Continuing education opportunities will be scheduled quarterly on the 1st Wednesday of the month. These trainings will be noted on the care home calendar. If any SCG's are unable to make these scheduled sessions, they are responsible to provide a copy of their continuing education hours within a month from the scheduled session.</p>	<p>7/26/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
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22 JUL 29 PM 4:36

Licensee's/Administrator's Signature: _____



Print Name: Almira Piena

Date: 7/26/2022

STATE OF HI
DOH-16-54
STATE LICENSING

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