

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|--------------------------------------|
| Facility's Name: Cora's | CHAPTER 100.1 |
| Address: 1711 Ema Place, Honolulu, Hawaii 96819 | Inspection Date: July 8, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
SECTION
OFFICE OF HEALTH CARE ASSURANCE

22 OCT -3 48:10

| | 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> Substitute Care Giver (SCG) #1, SCG #2, SCG #3, & SCG #4 -- No current evidence of no prior felony or abuse convictions in a court of law.</p> | <p style="text-align: center;">PART 1 ➤</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency corrected by adding final Fieldprint documents to Care Home binder. Copies will be provided, please see attachments filed under each PCG and substitute in binder. This document states all requirements have been fulfilled to be cleared of any criminal history record and/or registry check.</p> | <p style="text-align: center;">7/22/2022</p> |

STATE LICENSING
STATE OF OHIO
DIVISION OF CHILDREN, YOUTH & FAMILY SERVICES

22 OCT -3 48:10

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-3 <u>Licensing</u>, (b)(1)(D) 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> Substitute Care Giver (SCG) #1, SCG #2, SCG #3, & SCG #4 – No current evidence of no prior felony or abuse convictions in a court of law.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">All required documents for licensing shall be completed by PCG and all substitutes by deadline as required by the department and placed in Care home binder for department to easily view at all times. All documents will be kept current for licensing. Substitutes will confirm documents filed correctly matching document with substitute and each substitute will remain current with requirements.</p> | |

01:59 3-100 22
 22 OCT -3 48:10

| | 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> SCG #1 & SCG #2 – No documented evidence of a current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency corrected by providing required physical documents to Care Home binder. Copies will be provided, please see attached documents matching appropriate PCG and substitute.</p> | <p style="text-align: center;"><i>N/A, ongoing completion date</i></p> |

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING
 22 OCT -3 48:10

| | 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> SCG #1 & SCG #2 – No documented evidence of a current annual physical examination clearance by a physician or APRN.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">All substitutes providing care to the patient's in Cora's Care Home will have proper and current documentation fulfilled annually.</p> <p style="text-align: center;">If physician states substitute is no longer qualified to fulfill the requirements as stated above, substitute will immediately be removed of daily patient care.</p> <p style="text-align: center;">All proper documentation as stated above shall be provided in the Care Home Binder to be available at all times. All documents will be kept current for licensing. Substitutes will confirm documents filed correctly matching document with substitute and each substitute will remain current with requirements.</p> | <p style="text-align: center;">7/19/2022</p> |

LICENSING
 STATE OF MARYLAND
 22 OCT -3 48:10

Licensee's/Administrator's Signature: *Carol M. [Signature]*

Print Name: Carol M. [Signature]

Date: 9/28/2022

STATE OF CALIFORNIA
DEPARTMENT OF
INDUSTRIAL RELATIONS

22 OCT -3 48:10