Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.B.M. ARCH	**CHAPTER 100.1**
Address: **94-1282 Hiapaiole Place, Waipahu, Hawaii 96797**	**Inspection Date: May 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

2022 JUN 6 P4:38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3, SCG #4, SCG #5, House Hold Member (HHM) #1, & HHM #2 – No current documented evidence stating no prior felony or abuse conviction in a court of law on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Made another appointment on June 23, 2022. because the first fingerprint done on March 2022 wasn't forwarded to me. Note SCG's #3 and #5 will not be my substitute for now.	8-8-22

'22 AUG 12 A9:46
STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** PCG, SCG #1, SCG #2, SCG #3, SCG #4, SCG #5, HHM #1, & HHM #2 – No current documented evidence stating no prior felony or abuse conviction in a court of law on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have to make it sure that I will write it down in my note, what I have to renew annually, and make it sure I will do it on time. STATE OF HAWAII DOH-OHCA STATE LICENSING	8- 8-22 '22 AUG 12 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** HHM #3 – No documented evidence of a current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Physical exam done on June 22, 2022 by Primary care physician. STATE OF HAWAII DOH OHCA STATE LICENSING	8-8-22 '22 AUG 12 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** HHM #3 – No documented evidence of a current annual physical examination clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** >In the near future, I have to make it sure that, I will write it down on my notes what is to be done annually, and make it sure do it on time	8-8-22

'22 AUG 12 A9:46
STATE OF HAWAII
DOH-PSRA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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** HHM #3 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Brought HHM#3 for Tuberculosis clearance(attestation) done at MD office during physical exam.	~~May~~ June 22, 22

22 JUL 15 P4:38
STATE OF HAWAII
DOH
SURVEILLANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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** HHM #3 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > In the near future, I have to make it sure that. I will write it down on my notes that my family member will do tuberculosis clearance annually. STATE OF HAWAII DOH-OHCA STATE LICENSING '22 AUG 12 A9:46	8-22-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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** SCG #2 – No documented evidence of previous positive tuberculosis skin test on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a copy from Waipahu, Civic Center Department of Health.	May 27, 22

STATE OF HAWAII
DEPT OF
STATE LICENSING
'22 JUL 15 P4:38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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** SCG #2 – No documented evidence of previous positive tuberculosis skin test on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I'm going to use a checklist, to remind me what documents to keep in my record.	

'22 SEP -6 P1:58

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Observed "Ajax" cleaning agent unsecured under kitchen sink.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Ajax was removed at the time of inspection	May 27, 22

'22 JUL 15 P4:38
STATE OF HAWAII
DOH-EHS
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Observed "Ajax" cleaning agent unsecured under kitchen sink.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a memo note posted on the sink wall to remind all caregivers; to lock up all cleaning agents.	

'22 SEP -6 P1:58
STATE DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Observed "Vit D2 50,000 unit Ergocalciferol, 1 cap by mouth twice a week on Monday and Friday," on resident's medication administration record (MAR). Medication available in medication bin. No documented evidence of physician or APRN order for aforementioned medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > I verified with APRN and put in an order after the inspection: STATE OF HAWAII DOH/ASCA STATE LICENSING '22 JUL 15 P4:39	May 27, 22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Observed "Vit D2 50,000 unit Ergocalciferol, 1 cap by mouth twice a week on Monday and Friday," on resident's medication administration record (MAR). Medication available in medication bin. No documented evidence of physician or APRN order for aforementioned medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check monthly, my residents medication order against my medication record and medication bottles. to make sure all of the medications have an MD or APRN order. And will use a calendar to remind myself.	

'22 SEP -6 P1:58

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – APRN reordered "Calmoseptine cream, apply to affected area twice a day as needed," and "Triple antibiotic 3.5mg-400 units-5000 units topical ointment packet, apply to affected area 3x/day as needed" on 4/4/2022. No as needed (PRN) indication for aforementioned medications by APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I verified with APRN after the day of inspection. STATE OF UTAH DOH-OHCA STATE LICENSING '22 JUL 15 P4:39	May 27, 22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – APRN reordered "Calmoseptine cream, apply to affected area twice a day as needed," and "Triple antibiotic 3.5mg-400 units-5000 units topical ointment packet, apply to affected area 3x/day as needed" on 4/4/2022. No as needed (PRN) indication for aforementioned medications by APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I'm going to use a list to remind me that all PRN medications must include the following: 1. Name of the medication 2. dosage 3. Route 4. Frequency 5. Indication/reason	

'22 SEP -6 P1:58

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – APRN reordered "Escitalopram 5mg tab, 0.5 tab daily by mouth for agitation" on 4/4/2022. No documented evidence if aforementioned medication was either administered to, refused by, or held, from June 1, 2021-May 26, 2022.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATEWIDE PROCESSING	'22 JUL 15 P4:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – APRN reordered "Escitalopram 5mg tab, 0.5 tab daily by mouth for agitation" on 4/4/2022. No documented evidence if aforementioned medication was either administered to, refused by, or held, from June 1, 2021-May 26, 2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Provide training to all subs caregivers to administer and ~~report~~ record all medications given to residents in a timely manner.	

'22 SEP -6 P1:58

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Observed "Calmoseptine" cream unsecured in resident #1's bedside drawer. In addition, observed "Daytime Cold & Flu" suspension unlabeled and unsecured in facility refrigerator.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Calmoseptine was kept in a locked cabinet and Daytime Cold Flu medication labeled and secured in a locked container inside the refrigerator.	8-8-22

'22 AUG 12 A9:46
STATE OF UTAH
DEPT. HRS.
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (I) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Observed "Calmoseptine" cream unsecured in resident #1's bedside drawer. In addition, observed "Daytime Cold & Flu" suspension unlabeled and unsecured in facility refrigerator.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Make a sign and a memo to remind me and substitute caregivers to lock up medications.	

'22 SEP -6 P1:58
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – APRN reordered "Escitalopram 5mg tab, 0.5 tab daily by mouth for agitation" on 4/4/2022. No documented evidence if aforementioned medication was either administered to, refused by, or held, from June 1, 2021-May 26, 2022.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII RECEIVED STATE LICENSING	'22 JUL 15 P4:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – APRN reordered "Escitalopram 5mg tab, 0.5 tab daily by mouth for agitation" on 4/4/2022. No documented evidence if aforementioned medication was either administered to, refused by, or held, from June 1, 2021-May 26, 2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 7 Provide training to all substitute caregivers of the medication administration process and how to record on the med sheet.	

'22 SEP -6 P1:58
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information sheet not updated with current medications ordered by physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** >Emergency information sheet was updated at the ~~time~~ end of inspection.	May 27, 22

'22 JUL 15 P4:39
STATE OF HAWAII
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information sheet not updated with current medications ordered by physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > In the near future, I have to make it sure that all records are accurate, updated it everytime ~~(there's when~~ there is a new order, so it will be ready for review. STATE OF HAWAII DOH STATE LICENSING	8-8-22 '22 AUG 12 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 – Observed usage of white correction tape on resident's June 2021 MAR.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

STATE OF HAWAII
DOH OHCA
STATE LICENSING
'22 JUL 15 P4:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #1 – Observed usage of white correction tape on resident's June 2021 MAR.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > Make a sign on the binders "dont use white correction tape".	

'22 SEP -6 P1:58
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #1 & Resident #2 – No documented evidence of a current inventory of belongings.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Inventory of belongings was checked and kept it in the resident binder after the inspection.	May 27, 22

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE OF HAWAII
'22 JUL 15 P4:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #1 & Resident #2 – No documented evidence of a current inventory of belongings.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the near future. I have to make it sure that I will do the inventory of belongings to my clients accurate on the day of admission, and every time there is new once, and discard old or broken things. STATE OF HAWAII DBH OHCA STATE LICENSING	8-8-22 '22 AUG 12 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(C) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility; **FINDINGS** No designated meeting place indicated on fire escape plan.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Designated meeting place was put in on the Fire plan.	May 28, 22

'22 JUL 15 P4:39

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(C) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility; **FINDINGS** No designated meeting place indicated on fire escape plan.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > In the near future I have to make it sure that designated meeting place is on the fire ~~plan~~ escape plan. I will update as necessary whenever there is significant change in the physical or mental condition of a resident or whenever a new resident enters to my facility	8-8-22

'22 AUG 12 A9:46

Licensee's/Administrator's Signature: JBmendoza

Print Name: Janette B. Mendoza

Date: July 12, 2022

'22 JUL 15 P4:39

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: J. Mendoza

Print Name: Janette B. Mendoza

Date: August 8, 2022

'22 AUG 12 A9:47

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: J Mendoza

Print Name: Janette B. Mendoza

Date: September 6, 2022

'22 SEP -6 P1:58
STATE LICENSING