

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary's Peaceful Haven, LLC	CHAPTER 100.1
Address: 2777 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: January 12, 2022 (on-site) Annual January 27, 2022 (office)

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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(6) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>Each ARCH or expanded ARCH must have a primary care giver who is present at the ARCH at all times, unless the primary care giver has secured a substitute care giver to temporarily provide care to the ARCH or expanded ARCH residents;</p> <p><u>FINDINGS</u> On January 12, 2022, at 11:12 a.m., the primary care giver (PCG) was not present in the ARCH. There was no substitute care giver (SCG) in the ARCH.</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>Primary caregiver home meeting with substitute caregivers to discuss the problem: SCG's must come back to the ARCH immediately before PCG can leave the ARCH for any reason.</p>	<p>6/15/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(6) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>Each ARCH or expanded ARCH must have a primary care giver who is present at the ARCH at all times, unless the primary care giver has secured a substitute care giver to temporarily provide care to the ARCH or expanded ARCH residents;</p> <p><u>FINDINGS</u> On January 12, 2022, at 11:12 a.m., the primary care giver (PCG) was not present in the ARCH. There was no substitute care giver (SCG) in the ARCH.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will provide better communication with my SCG's so someone will be physically with the residents when I leave the ARCH for any reason.</p> <p><i>I will make a Staff Calendar to ensure that proper supervision is provided, And Calendar will ensure that the staff is present @ all times.</i></p>	6/15/2022

	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>FINDINGS SCG #1 (Andrew Ryan) - No current physical examination. Submit a copy with the plan of correction (POC)</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>Physical examination copies for SCG #1 must be filed in the appropriate/respective file.</p> <p>Provide annual PCG/SCG physical and TB forms to be re-filed for DOH to check.</p> <p>*Copy of physical examination record was submitted on 6/15/2022</p> <p><i>To ensure that physical Exam for is readily available, I will make a reminder in my personal notes to file PE in right binder after Dr. visit.</i></p> <p>*Note: in ARCH Master File, SCG's are listed as follows: SCG #1 - Silverio Palting SCG #2 - Ashly-Monique Sanchez Sagucio SCG #3 - Andrew Ryan</p>	6/15/ 20 2 2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (d) The primary caregiver or licensee acting as the primary caregiver must be present in the Type I ARCH at all times unless the primary caregiver or licensee acting as the primary caregiver has secured a substitute caregiver to provide temporary coverage for the primary caregiver or licensee acting as the primary caregiver.</p> <p>FINDINGS On January 12, 2022, at 11:12 a.m., the PCG was not present in the ARCH. There was no SCG present in the ARCH. The PCG arrived at the ARCH at 11:16 a.m. The PCG stated Andrew was here; however, the PCG was unable to locate Andrew (SCG #1). The residents were left unattended for an indeterminate length of time without the PCG or SCG #1.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will provide better communication with SCG #1 to communicate my daily plans and day-to-day activities, to ensure there is no lapse in care or supervision to any residents in the ARCH.</p> <p><i>I will developed a Staffing Calendar to ensure that there is a Staff in my Care Home 24/7</i></p> <p>*Note: in ARCH Master File, SCG's are listed as follows: SCG #1 - Silverio Palting SCG #2 - Ashly-Monique Sanchez Sagucio SCG #3 - Andrew Ryan</p>	6/15/ 20 2 2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (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.</p> <p><u>FINDINGS</u> Toxic chemicals and cleaning agents were unsecured under the resident area sink.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I removed all toxic chemicals and cleaning agents from under the sink, and I moved them to a secured, locked storage area outside from the main living area.</p>	<p>6/15/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> The medication cabinet was not secured. The locking device was not engaged.</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>Locked and secured the medicine cabinet. Additionally, there is a reminder posted for all PCG and SCG's to lock the cabinet after each use.</p>	6/15/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - The November 2021 medication record noted Senna 8.6 mg tab "Changed to Senna Plus by Dr. Keith Matsumoto 11/7/20." However, there was no written physician order.</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>PCG requested a medication change order from PCP.</p> <p>Physician's Order on file as of: 6/8/2022</p>	<p>6/8/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - The November 2021 medication record noted Senna 8.6 mg tab "Changed to Senna Plus by Dr. Keith Matsumoto 11/7/20." However, there was no written physician order.</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>PCG to ensure that MD orders will be on file when POA/family bring OTC medications for residents.</p> <p><i>I will Audit (do) Medications Order Once a week to ensure there all medications have accurate and accurate order, I will add a reminder to my personal calendar to remember to conduct Audit.</i></p>	6/15/ 20 22

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - Artificial tears, celecoxib, fluticasone propionate, meclizine and ondansetron ODT were ordered 10/26/21; however, not recorded on the medication record. Discontinue order dated 1/27/22.</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>PCG called PCP for updated medication list for resident.</p> <p>Updated medication list on file as of 6/8/2022.</p>	6/8/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Artificial tears, celecoxib, fluticasone propionate, meclizine and ondansetron ODT were ordered 10/26/21; however, not recorded on the medication record. Discontinue order dated 1/27/22.</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>PCG to schedule annual physical examinations, TB clearances, and flu vaccine appointments within the same calendar month if possible. <i>insert error</i></p> <p>PCG creates a monthly checklist and follows according to schedule.</p> <p>PCG to verify all information with PCP.</p> <p><i>I will Audit my medications order once a week to ensure that all medications have a current and accurate order. I will add a reminder to my personal calendar to remember to conduct Audit.</i></p>	6/15/ 20 2 2

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<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 medication update 9/9/20 to 10/26/21; a period of 13 months.</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>PCG requested updated medication list from PCP..</p> <p>Updated medication list in resident folder as of:</p> <p>6/8/2022</p>	<p>6/8/2022</p>

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<input checked="" type="checkbox"/>	<p>§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 initialed by the care giver.</p> <p>FINDINGS Resident #1 - "Acetaminophen 500 mg tab take 1-2 tabs by mouth every 4 hours as needed for pain or fever" ordered 10/26/21; however, the medication record noted "take 1 tab po q 4 hr for pain."</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>using fever</i></p> <p>PCG recorded results and progress notes after resident took 2 tablets. Advised resident to follow guidelines of 1 tab PO 4 Hours or PRN</p> <p><i>medication order is now accurately reflected in medication administration record. As ordered by Doctor.</i></p>	6/15/2022

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - "Senna Plus Take 1-2 tabs prn for constipation" recorded on the November 2021, December 2021 and January 2022 medication records; however, the number of tabs, when taken by the resident, was not recorded.</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>PCG or SCG's will record the following information into a MAR: dosage given, date/time, location, and any other relevant information about the resident.</p>	6/15/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - "Senna Plus Take 1-2 tabs prn for constipation" recorded on the November 2021, December 2021 and January 2022 medication records; however, the number of tabs, when taken by the resident, was not recorded.</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>PCG or SCG's will record the following information into a MAR: dosage given, date/time, location, and any other relevant information about the resident.</p> <p><i>I will make a reminder in my Medication Administration record PRN section to write number of tabs that are taken by the resident. I will also provide additional training on how to record medication properly.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident in Bedroom #2 - The PCG stated that there was a physician order to self-administer eye medication; however, there was no written procedures for storage, monitoring and documentation. Medication were unsecured at the bedside.</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>PCG explained to the resident the need and importance of storing his eye drops in a secured and locked medicine cabinet.</p> <p>The resident agreed to have the PCG or SCG bring the eye drops and standby/assist with administering eye drops. The medication will be stored in a secured and locked medicine cabinet.</p>	<p>6/15/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident in Bedroom #2 - The PCG stated that there was a physician order to self-administer eye medication; however, there was no written procedures for storage, monitoring and documentation. Medication were unsecured at the bedside.</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>The PCG or SCG will bring the eye drops and standby/assist with administering eye drops. The medication will be stored in a secured and locked medicine cabinet.</p> <p><i>I will also add a note reminder on my Medication Cabinet that Read Lock Medication after used.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 documentation of an annual reevaluation for tuberculosis (TB) since 9/16/20. Submit a copy with the POC.</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>PCG had resident tested for annual TB skin test.</p> <p>TB result on file as of: 6/10/2022</p>	<p>6/10/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 documentation of an annual reevaluation for tuberculosis (TB) since 9/16/20. Submit a copy with the POC.</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>PCG to maintain and plan a schedule of all annual tests/ examinations to be kept in residents' respective folders/files.</p> <p>PCG to ensure to place TB and PE results in the residents' respective folders/files.</p> <p><i>I will add reminder in my personal calendar to make TB appointment one month before expiration.</i></p>	<p>6/15/ 20 2 2</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	C m l e i D a e
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect the need for and response to prn medication (Senna and Tylenol).</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>PCG/SCG's to recorded PRN results to progress notes.</p>	<p>6/15/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect the need for and response to prn medication (Senna and Tylenol).</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>PCG/SCG's to make sure to write PRN results to progress notes immediately.</p> <p><i>I will make a reminder in the PRN section of my medication administration record to write PRN response in progress note and I will also provide additional training to my staff.</i></p>	<p>6/15/ 20 2 2</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - Medication records did not have a legend to identify care giver initials.</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>PCG wrote all PCG and SCG initials in an Initials Legend before making copies for MAR.</p>	6/15/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - Medication records did not have a legend to identify care giver initials.</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>PCG to have all SCG verify the accuracy of their initials when recording monthly medication records, including when daily medications are given.</p> <p>PCG has written a legend of all PCG and SCG initials before making a copy for MAR.</p> <p><i>I will also add a reminder in my personal notes to ensure that initials are written when new MARs are made.</i></p>	<p>6/15/ 20 2 2</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (g) The primary care giver shall arrange and provide for appropriate social services through private, public or community resources.</p> <p>FINDINGS Resident #1 - White-out used on the April 2021, June 2021, July 2021, November 2021 and January 2022 medication records.</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>PCG to re-write all medication records properly. <i>done</i> <i>up to date</i></p> <p><i>no white out will be use on any records moving forward.</i></p>	<p>6/15/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (g) The primary care giver shall arrange and provide for appropriate social services through private, public or community resources.</p> <p><u>FINDINGS</u> Resident #1 - White-out used on the April 2021, June 2021, July 2021, November 2021 and January 2022 medication records.</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>PCG removed all white-out from the PCG's working desk.</p> <p><i>I will make a ⁱⁿreminding personal notes <u>NOT</u> to use white out anywhere in my records. I also throw away all the white out in my home.</i></p>	6/15/ 20 2 2

	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 - Inventory of resident's possessions have not been maintained since admission on 9/19/20.</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>PCG updated resident's possession records; listed new clothes and gifts they received.</p>	6/15/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - Inventory of resident's possessions have not been maintained since admission on 9/19/20.</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 record all resident's possessions (ex: jewelry, clothes, money, etc.) in their respective files right away whenever they receive new possession, or if a possession is taken away by POA/family member.</p> <p>Upon admission/resident's arrival, the resident's possessions record will be signed and dated by resident and PCG.</p> <p><i>I will make a reminder in my personal notes to update inventory when anything is added. I will also train my staff.</i></p>	<p>6/15/ 20 2 2</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> No evidence that fire drills were conducted 5/2021 to 11/2021; a period of seven (7) months.</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>PCG and SCG's held fire drills in 5/21 and 6/21 with four residents.</p> <p>Created a regular schedule of monthly fire drills.</p> <p>Fire drills on file as of: 6/15/2022</p> <p><i>Fire drills records were found and are now on file.</i></p>	<p>6/15/2022</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> No evidence that fire drills were conducted 5/2021 to 11/2021; a period of seven (7) 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>PCG and SCG's to better communicate and keep track of the monthly fire drills.</p> <p>Fire drills and smoke detector checks are to occur on the 20th of each month.</p> <p><i>I will make a reminder in my personal notes to file fire drills records as soon as they are completed.</i></p>	6/15/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No evidence that smoke detectors were checked monthly 5/2021, 7/2021 to 11/2021.</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>PCG or SCG to frequently check if SCG #1 (Silverio Palting) accurately checked and recorded smoke detector data every 20th of the month.</p> <p><i>I will add a reminder in my personal notes to conduct smoke detector checks once a month and ensure they are operational.</i></p> <p>*Note: in ARCH Master File, SCG's are listed as follows: SCG #1 - Silverio Palting SCG #2 - Ashly-Monique Sanchez Sagucio SCG #3 - Andrew Ryan</p>	6/15/2022

Licensee's/Administrator's Signature: Mari M. Paltin

Print Name: MARIVIC M. PALTIN

Date: 6.15.2022

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STATE OF HAWAII
DOH-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Shawn M. Parting

Print Name: MARVIC M. PARTING

Date: 10-10-2022

RECEIVED

OCT 10 2022