

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 888 Adult Residential Care Home	CHAPTER 100.1
Address: 98-550 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: December 7, 2021 Initial

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.

22 JAN 19 P2:18
STATE OF HAWAII
DHS-OSHA
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> (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> Substitute care giver (SCG) #1 and Responsible Adult - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy for each with the plan of correction (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>- SCG #, Responsible adult - TB symptom screening record is now on file.</p>	<p><i>12/7/21</i></p> <p>22 JAN 19 P2:18</p> <p>STATE OF MONTANA DOH-006A STATE LICENSING</p>

	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> Substitute care giver (SCG) #1 and Responsible Adult - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy for each 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><i>- Reminder note will be noted on the binder file to meet the deadline.</i></p>	<p>12/7/21</p> <p>22 JAN 19 P2 18</p> <p>STATE OF MICHIGAN DOH-040A STATE LICENSING</p>

	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 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit copies for each 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><i>✓ SCG #1, SCG #2 - Prescribed medication training completed and documented on file.</i></p>	<p><i>12/10/21</i></p> <p>STATE OF HAWAII DOH-HCSA STATE LICENSING</p> <p>22 JAN 19 P 2:18</p>

	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 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit copies for each 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><i>In the future to prevent this deficiency from happening again. All caregiver training will start on the first day of the job. The tool I will be using will be the Primary Caregiver and Substitute Caregiver Training form that was provided to me by DOH.</i></p>	<p>22 MAY 16 A9:38</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> There were three (3) expanded ARCH residents. The ARCH is licensed for two (2) expanded ARCH residents.</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>- One expanded ARC resident was discharge on December 22, 2021 and moved to a foster care home in good condition.</p>	<p>12/22/21</p>

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22 JAN 19 P2:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> There were three (3) expanded ARCH residents. The ARCH is licensed for two (2) expanded ARCH residents.</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>-To avoid these mistakes, facility will carefully assess resident and find out what level of care approved by the physician upon planning of admission.</i></p>	<p><i>12/22/21</i></p> <p>22 JUN 19 P2:18</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> The first aid kit contained "antibiotic ointment."</p> <p>Removed during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JAN 19 P2:18</p> <p>STATE OF NEW YORK DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> The first aid kit contained "antibiotic ointment." Removed during the inspection.</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>— Reminded all caregivers and house members to be careful mixing first aid kit for house first aid with the residents first aid kit. Facility posted a sign for resident's emergency kit only.</i></p>	<p>12/7/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menus were not posted in the kitchen and dining areas.</p> <p>Menu posted in the kitchen and dining area during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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22 JAN 19 P2:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menus were not posted in the kitchen and dining areas.</p> <p>Menu posted in the kitchen and dining area during the inspection.</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>In the future to prevent this deficiency from happening again. Menu will be posted in the kitchen and dining areas. I will use my calendar to remind me to check the menu are posted.</i></p> <p>STATE OF MARYLAND DOM-ORCA STATE LICENSING</p>	<p>22 MAY 16 A9:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p>FINDINGS Refrigerated food (pizza) was not stored in a covered container.</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>- Refrigerated food (pizza) has been placed in a sealed container.</i></p>	<p>12/7/21</p> <p>22 JAN 19 P2:18</p> <p>STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Refrigerated food (pizza) was not stored in a covered container.</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>- Caregiver and house members reminded to always put foods in a sealed container or wrapped tight with proper food wrapper.</i></p>	<p>12/7/21</p> <p>22 JAN 19 12:18</p> <p>STATE OF CONNECTICUT DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Frozen sausage and fish were defrosting in the kitchen 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>- Frozen sausage, fish where defrosting in the kitchen sink was removed and placed in the freezer.</i></p>	<p><i>12/7/21</i></p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>JAN 19 2:19 PM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Frozen sausage and fish were defrosting in the kitchen sink.</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>- Caregivers and house members reminded to don't defrost any frozen food in the sink without any continues running water or else put it inside the refrigerator to defrost.</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>12/7/21</i></p> <p>22 JAN 19 P2 19</p>

	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> Tussin DM and Pepto Bismol were unsecured in the refrigerator.</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>- Tussin DM and Pepto Pepto Bismol has been stored in a locking container in the refrigerator.</i></p>	<p><i>12/7/21</i></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> Medication was stored in an unlocked filing cabinet.</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>- medication in the filling cabinet is secured lock.</i></p>	<p>12/7/21</p> <p>22 JAN 19 P2:19</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	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> Medication was stored in an unlocked filing cabinet.</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>In the future to prevent this deficiency from happening. I will lock all medication up after use and keep family medication secure and separate from resident's medication. I will remind all caregivers and I will post a note to secure medication after use.</i></p>	<p>22 MAY 16 19:38</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Internal and external medication were not segregated.</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>- Internal and external medication are now all set apart by containers or ziploc bag.</i></p>	<p>12/7/21</p> <p>22 JAN 19 P2:19</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Internal and external medication were not segregated.</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>In the future to prevent this deficiency from happening again. I will use Ziploc bag to separate internal and external medication.</i></p>	<p>22 MAY 16 09:38</p> <p>STATE OF ILLINOIS 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> (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 - "Glucosan-chond-hyalu-CF borate 750 mg-100 mg-1.65 mg-108 mg oral tab Take 1 capsule by mouth daily" ordered 11/19/21; however, medication was not available. No documentation regarding why the medication was not 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>- Resident #1 glucosam - chond-hyalu-CF borate 750 mg - 100 mg - 1.65 mg - 108 mg oral tab take 1 capsule by mouth daily "ordered 11/19/21 was PCG followed up medication to resident's #1 doctor. The doctor office shown on their record, medication was pick up by the previous caregiver but not included in the medication list when medication dropped off from the facility. PCG reordered medication from the doctor office to correct this matter.</p>	<p>12/8/21</p> <p>22 JAN 19 P2:19</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 - "Glucosan-chond-hyalu-CF borate 750 mg-100 mg-1.65 mg-108 mg oral tab Take 1 capsule by mouth daily" ordered 11/19/21; however, medication was not available. No documentation regarding why the medication was not 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>In the future to prevent this deficiency from happening. I will use my substitute caregiver as my tool to recheck the medication list also if I missed something and verify with the doctor. I corrected this deficiency by calling PCP if the resident is on this med. The previous care facility picked up the med and missed placing it not included on the list. I verify with the PCP and re-ordered the med.</p>	<p>22 MAY 16 A9:38</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> (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 - No physician order for "Fleets Saline Enema" (4 pack box) found with current medication.</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>I corrected this deficiency by calling the PCP to find out if this resident was on this medication. The medication was not one of the resident medications. This came on the admission from the previous facility. Medication was accidentally added in the med list. The medication was then disposed. In the future, I will verify all medication from the doctor on admission day to make sure all med is on the list.</i></p>	<p>22 MAY 15 AM 9:38</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> (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 - No physician order for "Fleets Saline Enema" (4 pack box) found with current medication.</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>Same question and answer on page 24.</i></p> <p><i>In the future to correct this deficiency. I will use admission check list upon admission to compare medication list and bottle medication if they are the same.</i></p>	<p>22 MAY 16 09:38</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <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.</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>- resident #1 activities schedule is now on file.</i></p>	<p>12/8/21</p> <p>22 JAN 19 P2:19</p> <p>STATE OF HAWAII DOH-015A STATE LICENSING</p>

	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.</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>To prevent this deficiency from happening in the future, I will add to the admission check list. that was provided to me by DOH. A copy of the check list form will be posted on the office area. to remind me.</i></p>	<p>22 MAY 16 A9:38</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No admission assessment upon admission on 12/1/21.</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>- Resident #1 admission assessment is documented and it's on file.</i></p>	<p><i>12/8/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No admission assessment upon admission on 12/1/21.</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>In the future to prevent this deficiency from happening. I will do assessment upon admission. It's added to the check list admission to do upon admission. Also a copy of the check list will be posted at the office area to remind me.</i></p>	<p>22 MAY 16 A9:38</p> <p>STATE OF HAWAII DOH-DOCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 - No admission height and weight.</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>- Resident #1 height and weight is taken and documented on file.</i></p>	<p><i>12/6/21</i></p>

STATE OF HAWAII
 DEPARTMENT OF
 STATE LICENSING

22 JAN 19 P2:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 - No admission height and weight.</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>- Facility will make sure to take and record all residents' heights and weight upon admission.</p>	<p>12/6/21</p> <p>22 JAN 19 P2:19</p> <p>STATE OF HAWAII DOH-620 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 - No inventory of possessions.</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>- Resident #1 belongings has been count and documented on file.</i></p>	<p><i>12/6/21</i></p> <p>22 JAN 19 P2:19</p> <p>STATE OF NEW YORK DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 - No inventory of possessions.</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>Inventory of possessions will be taken upon admission. In the future to prevent this deficiency from happening. I will post the admission check list that was provided to me by DOLT at the office area to remind me.</i></p>	<p>22 MAY 16 09:38</p> <p>STATE OF HAWAII DOR-DOCA STATE LICENSING</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 - No legend for initials on the medication 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><i>Resident #1 - the medication record has been amended and now has a legend of initials.</i></p>	<p><i>12/1/24</i></p> <p>22 JAN 19 P2:19</p> <p>STATE OF NEW YORK DOH-ORCA STATE LICENSING</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 - No legend for initials on the medication 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><i>Make sure to have a legend for initial on the medication record upon admission. In the future to prevent this deficiency from happening. I will post the admission check list that was provided to me by Dolt to remind at the office area.</i></p>	<p>22 MAY 16 A9:38</p> <p>STATE OF MASSACHUSETTS DOH-ORCA STATE LICENSING</p>

	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 resident register.</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>Residents register are all filled up information and filed on resident chart.</i></p>	<p>12/8/21</p> <p>22 JAN 19 P 2:19</p> <p>STATE OF HAWAII DOH-BHCA STATE LICENSING</p>

	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 resident register.</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>Register for the resident will be done upon admission. In the future to prevent this deficiency from happening. I will post the admission check list that was provided to me by DOH at the office area to remind me.</i></p>	<p>22 MAY 16 A9:39</p> <p>STATE OF CONNECTICUT DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 - No documentation that the conditions under which the PCG agrees to be responsible for the resident's funds was explained to the resident, resident's family. 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>- Facility discuss and explained the resident financial statement form to the resident and family. The resident family agreed to manage the allowance and funds for the resident and signed the form.</p>	<p>12/16/21</p> <p>22 JAN 19 P2:20</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 - No documentation that the conditions under which the PCG agrees to be responsible for the resident's funds was explained to the resident, resident's family. 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><i>The Resident Financial Statement form agreement will be done upon admission. In the future to prevent this deficiency from happening. I will post the admission check list that was provided to me by DOH at the office area to remind me.</i></p>	<p>22 MAY 16 A9:39</p> <p>22 MAY 16 16:19 A39:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p><u>FINDINGS</u> Resident #1 - No written policies established. 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><i>- Resident #1 policies is been discussed with the resident and family, signed, and gave a copy to the resident family.</i></p> <p>STATE OF HAWAII DGH-CHCA STATE LICENSING</p>	<p>12/10/21</p> <p>22 JAN 19 P 2:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p><u>FINDINGS</u> Resident #1 - No written policies established. 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><i>written policies regarding the rights and responsibilities of residents will be done upon admission. In the future to prevent this deficiency from happening. I will post the admission check list that was provided to me by DOT at the office area to remind me.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 MAY 16 A9:39</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> No documentation that the responsible adult received training to assist wheelchair residents to the area of refuge at the base of the steep driveway. Submit a copy of the training 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><i>- All SCG and responsible adult are given training to assist all residents inside and outside the facility along the driveway.</i></p>	<p><i>12/10/21</i></p> <p>22 JAN 19 P2:21</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> No documentation that the responsible adult received training to assist wheelchair residents to the area of refuge at the base of the steep driveway. Submit a copy of the training with the POC.</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><i>In the future, I will train caregivers on the first day of work. We will do a fire drill with SCG. Also, New caregiver must train using the Caregiver Training check list. New caregiver check list train. I will add in new caregiver training. Check list.</i></p>	<p style="text-align: right;">22 MAY 16 A9:39</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> The SCG did not sanitize lunch dishes and utensils.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JAN 19 P2:21</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> The SCG did not sanitize lunch dishes and utensils.</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 ^{will} is train every caregiver and adult responsible to follow a procedures of sanitizing dishes. Procedures is posted in the kitchen.</p>	<p>12/7/21</p> <p>22 JAN 19 P2:21</p> <p>STATE OF HAWAII DOH-ORA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(11) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Handrails and grab bars shall be at a height of thirty two to thirty four inches from the floor for residents' use in the hallways and bathrooms.</p> <p><u>FINDINGS</u> No grab bars in the resident bathroom nearest the front exit.</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>- Grab bars is now installed on both bathrooms.</p>	<p>12/8/21</p> <p>22 JAN 19 P 2:21</p> <p>STATE OF ILLINOIS DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(11) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Handrails and grab bars shall be at a height of thirty two to thirty four inches from the floor for residents' use in the hallways and bathrooms.</p> <p><u>FINDINGS</u> No grab bars in the resident bathroom nearest the front exit.</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>- Facility will make sure every bathroom use for resident will have grab bars.</p>	<p>12/8/21</p> <p>22 JAN 19 P 2:21</p> <p>STATE OF IOWA DOH-0100A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 - No policies for the expanded ARCH resident admission. 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><i>- Policies for the expanded ARCH resident admission is now on file.</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p><i>12/30/21</i></p> <p>22 JAN 19 P2:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u> (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 - No policies for the expanded ARCH resident admission. 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><i>- make sure to provide policies for every admission noted in the chart check list.</i></p>	<p>12/19/21</p> <p>22 JAN 19 P2:23</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Victor Lafortera Jr.
Print Name: Victor Lafortera Jr
Date: 01/17/22

Licensee's/Administrator's Signature: Victor Lafortera Jr.
Print Name: Victor Lafortera Jr
Date: 5/15/22

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

22 JAN 19 P2:23