

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cuaresma ARCH	CHAPTER 100.1
Address: 94-548 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: June 16, 2022 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

NOV 21 P1:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1; SCG #2 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please submit a copy of field print results as evidence of completion.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG and SCG #2 completed field print. Results received on Oct. 12, 2022. A copy is attached.</i></p> <p><i>SCG #1 no longer employed in care home.</i></p> <p style="text-align: right;"><i>FC</i> <i>COFF</i></p>	<p style="text-align: right;"><i>10/02/22</i></p> <p style="text-align: right;">22 NOV 21 P1:43</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1; SCG #2 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please submit a copy of field print results as evidence of completion.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In the future, use calendar to remind myself @ 5c to finger printing before June of next year and every 2 years after that.</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DOH-DHQA STATE LICENSING </div>	<p style="text-align: center;">'22 NOV 21 P 1:43</p>

	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 & SCG #2 – No documented evidence of a physical examination clearance from a physician or APRN.</p> <p>Please provide copies of a physical examination clearance from a physician or APRN as evidence of completion.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SCG #2 completed by physician after on 10/17/22 -</i> <i>SCG #1 no longer employed in care home .</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;"><i>10/17/22</i></p> <p style="text-align: right; font-size: small;">22 NOV 21 P 1:43</p>

	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 & SCG #2 – No documented evidence of a physical examination clearance from a physician or APRN.</p> <p>Please provide copies of a physical examination clearance from a physician or APRN as evidence of completion.</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>Write in the calendar to remind Gen SCG to complete their physical and make sure physical before it is due.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: center;">22 NOV 21 P1:43</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>FINDINGS SCG #2 - No documented evidence of a tuberculosis clearance from a physician or APRN.</p> <p>Please provide a copy of a tuberculosis clearance from a physician or APRN as evidence of completion.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SCG #2 Completed TB clearance on Nov. 3, 2022.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>Completed 11/3/22</i></p> <p style="text-align: right; font-size: small;">22 NOV 21 P1:43</p>

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<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> SCG #2 - No documented evidence of a tuberculosis clearance from a physician or APRN.</p> <p>Please provide a copy of a tuberculosis clearance from a physician or APRN as evidence of completion.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>write in a calendar to remind PCG and SCG to complete TB clearance every year before June.</i></p>	<p style="text-align: center;">22 NOV 21 P1:44</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #3 – Physical examination performed by physician on 3/26/2022. Level of care evaluation noted by physician was "Independent." Facility is a Type I ARCH.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>on 10/17/22 Resident #3 was reassessed ^{for} reassessed for Level of care as ARCH level.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>10/17/22</i></p> <p style="text-align: right;">22 NOV 21 P1:44</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #3 – Physical examination performed by physician on 3/26/2022. Level of care evaluation noted by physician was "Independent." Facility is a Type I ARCH.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>SCG will double check each residents Level of care. Every year to make sure Level of care is appropriate for ARCH.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">22 NOV 21 P 1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No observations of a metal stem thermometer to check hot & cold temperatures for food in the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Metal stem thermometer purchase for carehome.</i></p>	<p style="text-align: center;"><i>11/1/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No observations of a metal stem thermometer to check hot & cold temperatures for food in the facility.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Train the substitute caregiver how to use metal stem thermometer and where to store it in the care home or in the kitchen drawer for everybody use.</i></p>	<p style="text-align: center;">22 NOV 21 P 1:44</p> <p style="text-align: center;">STATE OF HAWAII DOH/PHCA STATE LICENSING</p>

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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>FINDINGS Resident #3 – Documented medication reevaluations conducted on July 2021 and March 2022. Medication reevaluation not obtained every four (4) months by a physician or APRN.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">.22 NOV 21 P 1 :44</p>

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<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>FINDINGS Resident #1 & Resident #2 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</p> <p>Please provide a copy of the residents' current tuberculosis clearance signed by a physician or APRN as evidence of completion.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident 1 & Resident 2 completed TB clearance. 11/5/22.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>11/5/22</i></p> <p style="text-align: center;">22 NOV 21 P 1:44</p>

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	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 #3 – No documented evidence of resident's response to medications, treatments on monthly progress notes for the previous twelve (12) months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">22 NOV 21 P 1:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #4 – No documented evidence of an incident report for an incident that occurred on 2/21/2022, resulting an emergency room visit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right; font-size: small;">22 NOV 21 P 1:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> 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.</p> <p><u>FINDINGS</u> Observed white correction liquid on resident register.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII D&H-CHCA STATE LICENSING</p>	<p style="text-align: center;">22 NOV 21 P 1:44</p>

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<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 #3 – No documented evidence of a current inventory of belongings. Last documented inventory done in 2018.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>An inventory of belongings was completed.</i></p>	<p style="text-align: right;"><i>9/25/22</i></p> <p style="text-align: center;">22 NOV 21 P1:44</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	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 #3 – No documented evidence of a current inventory of belongings. Last documented inventory done in 2018.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Write in a calendar to remind PCB and PCB to complete inventory of belongings on residents birth day.</i></p>	<p style="text-align: right;">22 NOV 21 P 1:44</p> <p style="text-align: center;">STATE OF HAWAII DH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Observed trash can without a tight-fitting cover in facility kitchen.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>after the inspection, I purchase new trash can with a tight fitting can cover.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>	<p>22 NOV 21 P 1:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Observed trash can without a tight-fitting cover in facility kitchen.</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>PCG and SCB will check trash can to make sure it is covered each time trash is thrown away. If the trash can with cover breaks I will purchase a new one.</i></p>	<p style="text-align: center;">22 NOV 21 P1:45</p> <p style="text-align: center;">STATE OF HAWAII DOH-OSHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Observed broken wooden picture frame with exposed wooden splinters and glass leaning against facility wall.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Broken wooden picture frame was thrown away.</i></p>	<p style="text-align: right;"><i>6/23/22</i></p> <p style="text-align: right;">22 NOV 21 P1:45</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Observed broken wooden picture frame with exposed wooden splinters and glass leaning against facility wall.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>PCG and SCG will do daily rounds around the care home. to make sure any items that maybe unsafe will be remove right away.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">'22 NOV 21 P 1:45</p>

Licensee's/Administrator's Signature: Julia Cuaresma

Print Name: JULIA CUARESMA

Date: 11/21/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 NOV 21 P 1:45