

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hanau Mua Connie's Home	CHAPTER 100.1
Address: 2010 Puaala Lane, Honolulu, Hawaii 96819	Inspection Date: January 11, 2022 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.**

STATE OF HAWAII  
DEPARTMENT OF  
CORRECTIONS  
RECEIVED

22 FEB 18 AM 9:24

	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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2 and SCG #3 - No physical examination (PE) prior to first contact with residents. <b>Submit a copy for each with the plan of correction (POC).</b></p> <p>Household (HM) member - No current PE. <b>Submit a copy with the POC.</b></p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-SCG #2 has been physically examined on 01/12/2022 (Please see attached)</p> <p>-SCG #3 has been physically examined on 01/12/2022 (Please see attached)</p> <p>-Household (HM) has vacated the home effective Jan 15, 2022. Currently have no households.</p>	<p align="center"><i>01/15/2022</i></p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DIVISION OF LICENSING  
22 FEB 18 10:24

	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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2 and SCG #3 - No physical examination (PE) prior to first contact with residents. <b>Submit a copy for each with the plan of correction (POC).</b></p> <p>Household (HM) member - No current PE. <b>Submit a copy with the POC.</b></p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>-Frequently refer to rules most specifically §11-100.1-9 <u>Personnel, staffing and family requirements (a)</u></p> <p>-Monthly check of PCG binder to assure personnel, staff, and household members are up to date with their annual physical examination or necessary medical documentation</p> <p>-Create individual file (or folder) for each SCGs and household members containing "annual physical examination" tab</p> <p>-Create hiring check list to include "Physical Examination"</p> <p>-Create staffing/household check list to include "Physical Examination"</p>	<p>01/16/2022</p> <p>22 FEB 18 A9:24</p> <p>STATE OF ILLINOIS DEPT OF HEALTH ST. LOUIS</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><b>FINDINGS</b> SCG #1, SCG #2, SCG #3 and HM - No tuberculosis (TB) clearance.</p> <p>Submit a copy of the TB clearance for SCG #1 and HM with the POC.</p> <p>Submit a copy of a two-step TB clearance for SCG #2 and SCG #3 with the POC.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 (Cozette Eugenio) is no longer a substitute caregiver as of February 2022.</p> <p>SCG #3 (Lourdes Alcantara) is no longer a substitute caregiver as of February 2022</p> <p>Household member (Joshua Estabilio) is no longer living at the home. Mr. Estabilio vacated from the home effective February 2022.</p>	<p>01/23/22</p>

STATE OF PENNSYLVANIA  
DEPARTMENT OF  
STATE POLICE

22 JUN 14 P3:55

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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><b><u>FINDINGS</u></b> SCG #1, SCG #2, SCG #3 and HM - No tuberculosis (TB) clearance.</p> <p>Submit a copy of the TB clearance for SCG #1 and HM with the POC.</p> <p>Submit a copy of a two-step TB clearance for SCG #2 and SCG #3 with the POC.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-Frequently refer to rules most specifically §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>-Monthly check of PCG binder to assure SCGs and HM are up do date with their annual TB clearances</p> <p>-Create individual file (or folder) for each SCG and HM containing "TB clearance" and frequently check</p> <p>-Create hiring check list to include "TB clearance"</p> <p>-Create SCG/HM check list to include "TB clearance" and frequently check</p>	<p>01/28/2022</p> <p>22 FEB 18 A9 25</p>

	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><b><u>FINDINGS</u></b> Tide laundry detergent, Windex cleaner, Downy fabric softener, Clorox disinfectant cleaner and Resolve carpet cleaner were unsecured in the bathroom cabinet. The locking device was not engaged.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Locked and secured the cabinet where solutions are kept</p> <p>-Engaged the locking device</p>	<p align="center"><i>01/11/22</i></p> <p align="right">22 FEB 18 19:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Tide laundry detergent, Windex cleaner, Downy fabric softener, Clorox disinfectant cleaner and Resolve carpet cleaner were unsecured in the bathroom cabinet. The locking device was not engaged.</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> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-14 (f)</li> <li>-Frequently check the cabinet (where Tide laundry detergent, Windex cleaner, Downy fabric softener, Clorox disinfectant clear and Resolve carpet cleaner are kept) to assure it is secured and the locking device is engaged.</li> <li>-Daily verbal reminder to staff to properly lock cabinet and engage the locking device.</li> <li>-Create (Daily Tasks) log to include "all cabinets are secured and properly locked" for staff to initial.</li> <li>-Create habits to lock cabinets and properly engage locking device after each opening.</li> </ul>	<p>01/15/22</p> <p>22 FEB 18 A 9:26</p>

	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><b><u>FINDINGS</u></b> Cleaning agents were in an unlocked cabinet under the kitchen sink. There was no locking device.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Bought locking device specifically for the cabinet under the kitchen sink</p> <p>-Locked and secured the cabinet under the kitchen sink where cleaning agents are kept</p>	<p><i>01/12/22</i></p> <p>22 FEB 18 A9:26</p> <p>STATE OF FLORIDA DEPARTMENT OF STATE LIBRARIANSHIP</p>



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☒	<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> Cleaning agents were in an unlocked cabinet under the kitchen sink. There was no locking device.</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> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-14 <u>Food sanitation.</u> (f)</li> <li>-Frequently check the cabinet under the kitchen sink (where cleaning agents are kept) to assure it is secured and locked.</li> <li>-Assign a locking device specifically for the cabinet under the kitchen sink.</li> <li>-Daily verbal reminder to staff to properly lock cabinet and engage the locking device.</li> <li>-Create (Daily Tasks) log to include "all cabinets are secured and properly locked" for staff to initial.</li> <li>-Create habits to lock cabinets and properly engage locking device after each opening.</li> </ul>	<p>01/12/22</p> <p>22 FEB 18 AM 9:26</p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
STATE POLICE

	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>            Two (2) oval tablets, "latanoprost" eye drops and an inhaler were unsecured on the kitchen counter.</p> <p>Secured during the inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>01/11/22</p>

22 FEB 18 19:26  
 STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF  
 STATE LICENSING

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<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>            Two (2) oval tablets, "latanoprost" eye drops and an inhaler were unsecured on the kitchen counter.</p> <p>Secured 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> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-15 <u>Medications.</u> (b)</li> <li>-Frequently check kitchen counter or surfaces for any medications left unsecured</li> <li>-Daily verbal reminder to staff to properly store medications in a secured place</li> <li>-Create (Daily Tasks) log to include "Medications are properly placed in a secured place" for staff to initial.</li> <li>-Create habits to store medications to a secured place after each administration</li> </ul>	<p>01/12/22</p> <p>22 FEB 18 A9:26</p> <p>STATE OF NEW YORK            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> (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> Two (2) black filing cabinets, adjacent to the resident dining table with drawers slightly ajar, contained medication. The filing cabinets were unlocked.</p> <p>Secured during the inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>01/11/22</p> <p>22 FEB 18 A9:26</p> <p>STATE OF OHIO DEPARTMENT OF STATE LIVING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>            Two (2) black filing cabinets, adjacent to the resident dining table with drawers slightly ajar, contained medication. The filing cabinets were unlocked.</p> <p>Secured 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> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-15 <u>Medications.</u> (b)</li> <li>-Frequently check the black filing cabinets to assure it is properly locked and secured</li> <li>-Daily verbal reminder to staff to lock and secure black filing cabinets</li> <li>-Create (Daily Tasks) log to include "black filing cabinets are properly locked and secured" for staff to initial</li> <li>-Create habits to lock and secure filing cabinets after opening</li> </ul>	<p>01/15/22</p> <p>22 FEB 18 A9:26</p> <p>STATE OF OHIO            GOV. OHSA            STATE LICENSING</p>

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<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><b><u>FINDINGS</u></b>            The medication cabinet was unlocked. The locking device, resting on the cabinet handles, was not engaged. When brought to the attention of the primary care giver (PCG), the padlock was applied but the key remained in the lock.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ul style="list-style-type: none"> <li>-Locked the medication cabinet after each opening</li> <li>-Created a habit to lock the medication cabinet after each opening</li> <li>-Engaged the locking device after each opening of the cabinet</li> <li>-Locked the padlock and secured the key in the proper place</li> </ul>	<p style="text-align: center;"><i>01/12/22</i></p> <p style="text-align: right;">             '22 FEB 18 A 9:26              STATE OF IOWA              DSH-0102              STATE LICENSING           </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>            The medication cabinet was unlocked. The locking device, resting on the cabinet handles, was not engaged. When brought to the attention of the primary care giver (PCG), the padlock was applied but the key remained in the lock.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-15 <u>Medications.</u> (b)</li> <li>-Frequently check the medication cabinet to assure it is properly locked and secured.</li> <li>-Daily verbal reminder to staff to lock and secure medication cabinet after each opening.</li> <li>-Daily verbal reminder to staff to properly engage locking device of medication cabinet and place the key to its proper place.</li> <li>-Create (Daily Tasks) log to include "lock and secure medication cabinet" for staff to initial</li> <li>-Create habits to lock and secure medication cabinet after each opening</li> </ul>	<p>01/12/22</p> <p>22 FEB 18 A9:26</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>            "Neosporin + Pain Relief" ointment was unsecured in the hallway cart.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Properly stored Neosporin in the secured medicine cabinet</p> <p>-Reminded staff to properly store all medications including over the counter medications (OTC) in the medicine cabinet and properly lock</p>	<p><i>01/12/22</i></p> <p>22 FEB 18 A9:26</p>



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<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>            "Neosporin + Pain Relief" ointment was unsecured in the hallway cart.</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>-Frequently refer to rules most specifically §11-100.1-15 <u>Medications.</u> (b)</p> <p>-Frequently check the hallway cart for any unsecured medications.</p> <p>-Daily verbal reminder to staff to properly store medications in medicine cabinet and secure properly after each opening.</p> <p>-Create habits to lock and secure all medications in the secured cabinet</p>	<p>01/15/22</p> <p>22 FEB 18 19:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 - The label of the current "latanoprost" bottle noted "date opened: 10/27/21;" "date to discard: 12/7/21."</p> <p>The bottle of "latanoprost" was removed from the current supply of medication.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>01/11/22</p>

STATE OF HAWAII  
DONOR  
STATE LIBRARY

22 FEB 18 A9:26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - The label of the current "latanoprost" bottle noted "date opened: 10/27/21;" "date to discard: 12/7/21."  The bottle of "latanoprost" was removed from the current supply of 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>-Frequently refer to rules most specifically §11-100.1-15 <u>Medications.</u> (l)</p> <p>-daily check of all medication bottles for expirations</p> <p>-daily reminder to staff to check medication expirations daily</p>	<p>6/12/22</p> <p>22 FEB 18 A9:26</p>

STATE OF HAWAII  
DEPARTMENT OF  
HEALTH  
STATE LICENSING

	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 - The December 2021 medication record was not initialed by the care giver 12/27/21 to 12/31/21.</p> <p>No January 2022 medication record.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Completed Medication Administration Record (MAR) by signing the remaining dates (12/27/21 to 12/31/21)</p> <p>-Initiated January 2022 MAR</p>	<p><i>01/12/22</i></p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING

22 FEB 18 A9:26

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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><b><u>FINDINGS</u></b> Resident #1 - "Fluticasone salmeterol" was ordered "BID;" however, the December 2021 medication record was initialed for 8 a.m. only from 12/13/21 to 12/26/21.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>01/12/22</p> <p>22 FEB 18 4:26</p> <p>STATE OF OHIO DOH ORCA STATE LICENSING</p>

	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 - "Fluticasone salmeterol" was ordered "BID;" however, the December 2021 medication record was initialed for 8 a.m. only from 12/13/21 to 12/26/21.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>Steps to follow to ensure that care givers initial the Medication Administration Record (MAR) when meds are taken by the resident.</b></p> <p>Step 1: Do we have the right resident? Step 2: Check resident's chart for MD/APRN orders Step 3: Check for the right medication Step 4: Check for the right dose Step 5: Check for the right route Step 6: Check for the right time</p> <p><b>Responsible person for ensuring that care givers are initialing the MAR when medication is taken by the resident?</b></p> <p>Primary caregiver (Pamela G. Miyashiro)</p> <p><b>Specify what will be done differently (Plan must be specific actions to follow to prevent a recurrence of the deficiency)</b></p> <ul style="list-style-type: none"> <li>Placing red ribbon on resident's flowsheet clip board to alert all care givers that the resident has medications to take and to initial the MAR once medications are taken by the resident.</li> <li>Placing bracelet on resident's right wrist to alert all care givers that the resident has medications to take and to initial the MAR once medications are taken by the resident.</li> </ul>	<p>01/12/22</p> <p>22 JUN 14 03:55</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><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of the following:</p> <ul style="list-style-type: none"> <li>• Observations of resident's tolerance to diet, intake, medication, mobility, continence/incontinence, toileting, behavior, change in condition and actions taken.</li> <li>• Need for and response to "Tylenol 325 mg 2 tab" taken on 12/22/21.</li> <li>• Refusal to wear TED hose.</li> <li>• Physician visits to the ARCH.</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING

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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><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of the following:</p> <ul style="list-style-type: none"> <li>• Observations of resident's tolerance to diet, intake, medication, mobility, continence/incontinence, toileting, behavior, change in condition and actions taken.</li> <li>• Need for and response to "Tylenol 325 mg 2 tab" taken on 12/22/21.</li> <li>• Refusal to wear TED hose.</li> <li>• Physician visits to the ARCH.</li> </ul>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What steps will be followed to ensure that progress notes include observations of the resident response to diet, medication, changes in condition, visits by the physician, etc.?</p> <p>Step 1: Each shift, care givers to ask, "What is happening?".</p> <p>Step 2: Care giver to focus the question on the observations of the resident response to <u>diet, medication, changes in condition, or visits by the physician/APRN.</u></p> <p>Step 3: Report the observations to primary caregiver or to the PCP (as appropriate)</p> <p>Step 4: Care givers will chart immediately of their observations (to include the observations were reported to PCG and/or PCP).</p> <p>Who will be responsible for ensuring that the documentation in the progress notes are complete? Pamela G. Miyashiro (primary caregiver)</p> <p>Specify what will be done differently (Plan must be specific actions to follow to prevent recurrence of the deficiency)</p> <ul style="list-style-type: none"> <li>• Chart immediately for any significant events/situations noted on the resident.</li> <li>• Chart weekly</li> <li>• Designate a specific day to chart on each resident (for example, Resident #1 chart day every Monday, Resident #2A chart day every Tuesday, Resident #2B chart day every Wednesday, Resident #3 chart day every Thursday, and Resident #4 chart day every Friday)</li> <li>• Create/develop progress note form to reflect observations of the resident responses to <u>Diet, Medication, Changes in Condition, Visits by the physician/APRN</u></li> </ul>	<p align="center">01/21/22</p> <p align="right">22 JUN 14 P 3:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> All residents - No monthly weights for December 2021.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>2/1/22</p> <p>22 FEB 18 19:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> All residents - No monthly weights for December 2021.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-Frequently refer to rules most specifically §11-100.1-17 <u>Records and reports.</u> (b)(7)</p> <p>-Weigh resident monthly using the ARCH's own scale</p> <p>-Weekly reminder to the staff to weigh residents monthly</p> <p>-Weekly or frequently check PCG binder paying close attention to monthly weight section</p>	<p>2/1/22</p> <p>22 FEB 18 4:26</p> <p>STATE OF MARYLAND 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> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b> There was a three panel chain link moveable fence and a red truck obstructing access to the area of refuge from the second (back) exit.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Household member (who owns the three-panel fence and red truck) vacated ARCH effective 01/15/2022</p> <p>-Removed the three-panel chain link moveable fence</p> <p>-Avoided to park cars around the area of refuge from the second (back) exit</p>	<p>01/15/22</p> <p>22 FEB 18 A9:26</p> <p>STATE OF NEW YORK DEPARTMENT OF STATE EDUCATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> There was a three panel chain link moveable fence and a red truck obstructing access to the area of refuge from the second (back) exit.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Steps will be followed to ensure there is clear and unobstructed access to the safe area of refuge from the second exit</p> <p>Step 1: Every shift, care giver to check 2<sup>nd</sup> exit that there is clear and unobstructed access to the safe area of refuge</p> <p>Step 2: If access is unclear and obstructed, announce immediately to all in the home to clear access</p> <p>Step 3: Report to PCG or home operator whether access was clear or unclear</p> <p>Step 4: Document daily that task was completed.</p> <p><b>Specify what will be done differently (Specific actions to follow to prevent a recurrence of the deficiency)</b></p> <ul style="list-style-type: none"> <li>• Create daily task list to include "all exits are clear and unobstructed access"</li> <li>• Each shift, a care giver much initial "daily tasks list" verifying exits are clear and unobstructed access to the safe area of refuge</li> <li>• Include in daily huddles that all exits should be clear and unobstructed</li> <li>• PCG to do environment rounds daily placing the focus on clear exits and unobstructed access.</li> </ul>	<p>01/12/22</p> <p>22 JUN 14 P3 55</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><b><u>FINDINGS</u></b></p> <p>There was one (1) care giver for one (1) bed bound resident and one (1) resident in a Geri chair requiring physical assistance to stand and ambulate with a walker.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Hired 3 more SCG to satisfy the appropriate ratio as required in the rules</p>	<p>1/12/22</p> <p>22 FEB 18 19:26</p> <p>STATE OF NEW YORK GOVT. OF STATE STATE LIAISON</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><b><u>FINDINGS</u></b> There was one (1) care giver for one (1) bed bound resident and one (1) resident in a Geri chair requiring physical assistance to stand and ambulate with a walker.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>Steps to be followed to ensure that there is a responsible adult for each non-self-preserving resident at all times when the non-self-preserving resident is present in the home</b></p> <p>Step 1: Check number of adults available or present in the home</p> <p>Step 2: Check the ratio of adults to non-self-preserving resident is appropriate</p> <p>Step 3: If ratio isn't appropriate, obtain more adults to satisfy the rules</p> <p>Step 4: Have a backup adult</p> <p><b>Specify what will be done differently (Specific actions to follow to prevent recurrence of the deficiency)</b></p> <ul style="list-style-type: none"> <li>• Have on call SCG</li> <li>• Have a backup adult</li> <li>• Hire more staff</li> <li>• Encourage vaccinations to all staff and adults in the home</li> </ul>	<p>01/12/22</p> <p>22 JUN 14 P 3:55</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> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Bedroom #2 - For one (1) bed, two (2) of three (3) pillows did not have pliable plastic pillow protectors.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Applied plastic protector to the bed in bedroom #2</p> <p>-Applied plastic protectors to two pillows in bedroom #2</p>	<p style="text-align: right;">1/15/22</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #2 - For one (1) bed, two (2) of three (3) pillows did not have pliable plastic pillow protectors.</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>-Frequently refer to rules most specifically §11-100.1-23 <u>Physical environment.</u> (o)(3)(B)</p> <p>-Daily check for plastic pillow protectors</p> <p>-Daily check for plastic bed protector</p> <p>-Daily reminder to staff pillows and beds need to have plastic protectors</p>	<p>1/15/22</p> <p>22 FEB 18 09:26</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #2 - Two (2) beds did not have signaling devices.</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>Placed signaling devices on each table for the two beds in bedroom #2</p>	<p>01/12/22</p> <p>22 FEB 18 A9:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #2 - Two (2) beds did not have signaling devices.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>-Frequently refer to rules most specifically §11-100.1-23 <u>Physical environment.</u> (p)(5)</li> <li>-Daily check in each room to make sure signaling devices are available for each bed</li> <li>-Daily reminder to staff to check for signaling devices for each bedroom</li> </ul>	<p>1/12/22</p> <p>22 FEB 18 19:27</p> <p>STATE OF INDIANA GOV. OMCS STATE LICENSING</p>

Licensee's/Administrator's Signature: pamela g. miyashiro

Print Name: PAMELA G. MIYASHIRO

Date: 02/10/2022

Licensee's/Administrator's Signature: pamela g. miyashiro

Print Name: PAMELA G. MIYASHIRO

Date: 06/10/2022

22 FEB 18 A9:27  
STATE OF HAWAII  
DOH-COLA  
STATE LICENSING