

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Loa Care Services LLC	CHAPTER 100.1
Address: 272 Panio Street, Honolulu, Hawaii 96821	Inspection Date: February 1, 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
DEPARTMENT OF
HEALTH
STATE LIBRARIAN

'22 MAR -8 P2:11

	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><u>FINDINGS</u> Substitute care giver (SCG) #2 - no current physical examination (PE). Submit a copy 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><i>Yes the deficiency has been corrected SCG #2 Physical Examination updated 2/16/22. A copy is attached with the POC.</i></p>	<p>7/28/22</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><u>FINDINGS</u> Substitute care giver (SCG) #2 - no current physical examination (PE). Submit a copy with the plan of correction (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>Physical Examinations (PE) for all Caregivers/substitute Caregivers will be maintained electronically on the Care Home's iPad Calendar reminder system.</p> <p>The reminder system holds data of current physical Examination Expiration dates and will alert PCG & SCG affected at 30 days and again at one week before expiration.</p> <p>PE must be obtained and recorded by or on the ^{annual} due date for SCG to provide care to residents.</p>	<p>2/16/22</p> <p style="text-align: right;">22 MAR -8 P 2:12</p> <p style="text-align: right;">STATE OF HAWAII DOH-08C STATE LICENSE</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><u>FINDINGS</u> Cook - No PE prior to contact with residents. 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>Yes. The deficiency was corrected Cook's Physical Examination updated on 3/2/22. A copy is attached with the POC.</p>	<p>3/2/22</p> <p>22 MAR -8 P 2:12</p> <p>STATE OF HAWAII DOH-SCA STATE LICENSING</p>

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<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><u>FINDINGS</u> Cook - No PE prior to contact with residents. 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>I will use a New Employee checklist for all Employee hired. If a new employee does not submit all items required, they will not start employment at the care home.</i></p>	<p><i>7/28/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1, SCG #3 and SCG #4 - No two-step tuberculosis clearance. Submit a copy of a single TB skin test 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>I will use a new Employee checklist which includes a required 2 step. PCG will provide new employees with a form to correctly identify requirement. New Employee will take to the DOH Public Health Nursing TB Clinic. PCG will ensure 2 step TB clearance has been completed before employee can start working at the care home..</i></p>	<p>7/28/22</p> <p>TB clearance</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 #5 - No TB clearance. Submit a copy of a two-step TB clearance with the POC.</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;">Yes, the deficiency was corrected. Two-step TB obtained from SCG #5 on 2/16/22. A copy is attached with the POC.</p>	<p>2/16/22</p> <div style="text-align: right;"> <p>22 MAR -8 P2:12</p> <p>STATE OF HAWAII DOT OFFICE STATE LICENSING</p> </div>

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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 #5 - No TB clearance. Submit a copy of a two-step TB clearance 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 will use a new employee checklist for all employees hired which includes a 2 step TB skin test. The new employee will take the form to correctly identify two step TB requirement needed to DOT Public Health Nursing TB Clinic, PCG will check for 2 Step TB clearance. If new employee does not submit 2 step TB clearance they will not be able to start work at the care home.</p>	7/28/22

	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 screening for symptoms consistent with pulmonary TB. Submit a copy with the POC.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>Yes. The deficiency was corrected obtained TB screening for SCG#2 on 2/16/22. A copy is attached with the POC.</i></p>	<p><i>2/16/22</i></p> <p align="right">22 MAR -8 P2:14 STATE OF HAWAII OFFICE OF STATE LICENSING</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>FINDINGS SCG #2 - No screening for symptoms consistent with pulmonary TB. 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>A SCG will only be scheduled to provide care to resident if they have a current TB.</p> <p>All TB data for all caregivers/ Substitute Care givers will be maintained electronically on the Care home's iPad calendar reminder system.</p> <p>The reminder system holds data of current TB expiration dates and will alert PCG + SCG affected at 30 days and again one week before expiration.</p> <p>TB must be obtained and documented on or by the annual due date for SCG to provide care to residents</p>	<p>2/16/22</p> <p>22 MAR -8 P2:14</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)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #5 - No first aid certification. Submit a copy with the POC.</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;">Yes the deficiency was corrected. A copy of First Aid Certification obtained from SCG # 5 on 2/13/22 A copy is attached with the POC.</p>	<p>2/13/22</p> <p style="text-align: right;">22 MAR -8 P 2:14</p> <p style="text-align: right;">STATE OF HAWAII DOH DIVISION STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #5 - No first aid certification. 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>First Aid Certification must be current for a SCG to be Scheduled to provide care to residents.</p> <p>First Aid Certification will be added to the Care home iPad Calendar reminder System & will alert PCG & affected SCG at 30 days and again one week before expiration.</p> <p>First Aid Certification must be obtained and documented on or by the expiration for SCG to Provide Care to residents.</p>	<p>2/13/22</p> <p>22 MAR -8 P2:14</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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 #5 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy of the training with the POC.</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>This issue was mitigated by providing several days of 1:1 training/re-training with SCG #5.</p> <p>SCG #5 was terminated and will no longer provide Caregiver to residents.</p> <p>SCG #5 was unsuccessful in completing the retraining program assigned and has been terminated.</p>	<p>2/27/22</p> <p style="text-align: right;">22 MAR -8 P2:14</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<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 #5 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy of the training 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 will use the new employee checklist Medication training is part of the New Employee Checklist. The PCG will train the new employee to make Medication available to residents. Training form will be completed prior to new employee providing direct care to residents; including providing medications.</p>	7/28/22

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #5 - No cardiopulmonary resuscitation training. 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>Yes the deficiency was corrected. SCG # 5 provided copy of CPR/ First Aid on 2/13/22. A copy of document is attached to POC.</p>	<p>2/13/22</p> <p>22 MAR -8 P2:14</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (c) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #5 - No cardiopulmonary resuscitation training. Submit a copy of the training 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>CPR must be Current for a SCG to be Scheduled to provide care to residents</p> <p>First CPR/First Aid Certification will be added to the Care home iPad calendar reminder system & will alert POC & SCG affected at 30 days & again one week before expiration.</p> <p>CPR Certification must be obtained and documented on or by the expiration for SCG to provide care to residents.</p>	<p>2/13/22</p> <p>STATE OF HAWAII DOH CH2A STATE LICENSING</p> <p>22 MAR -8 P2:14</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> First aid kit was not maintained. There was a tube of "Neosporin ointment" in the first aid kit.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. The deficiency was corrected. Neosporin removed immediately & 2 Full Kits were purchased and placed at the care home along with additional supplies.</p> <p>All caregivers were reminded that no medications or treatments can be stored in the First Aid Kit</p>	<p align="center">2/3/22</p> <p align="right">22 MAR -8 P2:14</p> <p align="right">STATE OF HAWAII DOH STATE LICENSING</p>

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<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>FINDINGS First aid kit was not maintained. There was a tube of "Neosporin ointment" in the first aid kit.</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>Anytime the First Aid Kit is used, the SCG will document what item was used on the inventory list. A new item will be purchased.</p> <p>Caregivers reminded that medications & treatments cannot be stored in the first aid kit.</p>	<p>2/3/22</p> <p>22 MAR -8 P 2:14</p> <p>STATE OF HAWAII 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> (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>FINDINGS Cleaner with Bleach, Comet Ultra Disinfectant Spray, rubbing alcohol (2 bottles), and hydrogen peroxide (1 bottle) were unsecured on a shelf in the kitchen area.</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>Yes, the deficiency was corrected All items; cleaner w/ bleach, comet disinfectant spray, rubbing alcohol, and hydrogen peroxide were secured immediately.</p> <p>SCGS notified & reminded that all cleaning & disinfecting items must be stored in the designated locked cabinet.</p>	<p>2/1/22</p> <p style="text-align: right;">22 MAR -8 P 2:14</p> <p style="text-align: right;">STATE OF HAWAII DOH OPCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (1) 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> Cleaner with Bleach, Comet Ultra Disinfectant Spray, rubbing alcohol (2 bottles), and hydrogen peroxide (1 bottle) were unsecured on a shelf in the kitchen area.</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>Each SCG on each shift will monitor the areas for cleaners & disinfectants and ensure they are stored in the designated locked cabinet.</p> <p>Cleaning staff reminded to put away cleaning supplies after cleaning & maintenance activities.</p>	<p>2/1/22</p> <p style="text-align: right;">22 MAR -8 P2:14</p> <p style="text-align: right;">STATE OF HAWAII DON-ORICA STATE LICENSING</p>

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<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>FINDINGS Clorox Multipurpose Cleaner and Tough & Tender Spray unsecured under the hallway bathroom sink cabinet.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected clorox multipurpose cleaner + tough & tender spray were secured immediately.</p> <p>SCGs notified & reminded that all cleaning & disinfecting items must be stored in the designated locked cabinet.</p>	<p align="center">2/1/22</p> <p align="right">22 MAR -8 P 2:14 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox Multipurpose Cleaner and Tough & Tender Spray unsecured under the hallway bathroom sink 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>Each SCG on each shift will monitor all areas including cabinets under bathroom sink for disinfectants & cleaners and ensure they are stored in the designated locked cabinet.</p> <p>Cleaning staff reminded to put away cleaning supplies after cleaning & maintenance activities</p>	<p>2/1/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAR -8 P2 14</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>FINDINGS Resident #1 - For the November 2021, December 2021, January 2022 and February 2022 medication records, there was double documentation of medication taken by the resident. The medication records were not available; therefore, care givers added initials beyond 10/31/21, 11/30/21, 12/31/21 and 1/31/22 for the first day of the following month.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 MAR -8 P 2:14</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - For the November 2021, December 2021, January 2022 and February 2022 medication records, there was double documentation of medication taken by the resident. The medication records were not available; therefore, care givers added initials beyond 10/31/21, 11/30/21, 12/31/21 and 1/31/22 for the first day of the following month.</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>Medication Records for the following month are made available on the 20th of each month. The Overnight PCG/SCG will insert new documents including medication record at 12am on the first day of each month.</p>	<p>2/20/22</p> <p>22 MAR -8 P2:14</p> <p>STATE OF HAWAII DIVISION OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) 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 - "Naproxen 220 mg (Aleve)" documented and initialed as taken on 1/15/22 and 1/18/22; however, there was not physician order for the "Naproxen."</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 MAR -8 P 2:15</p> <p>STATE OF HAWAII DOH-GRCA 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 - "Naproxen 220 mg (Aleve)" documented and initialed as taken on 1/15/22 and 1/18/22; however, there was not physician order for the "Naproxen."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will be responsible for medication record. PCG will review med record daily. If there are medication entries on the MAR made by SCG, PCG will ensure there is a doctors order. If no physician order follow up is needed w SCG/physician.</p>	7/28/22

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 - Medication were not updated since 3/2/21; a period of 10 months.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Deficiency was corrected. Family assisted to get medication update 3/1/22. Resident discharged April 2022.</i></p>	<p><i>7/28/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 - Medication were not updated since 3/2/21; a period of 10 months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>For telehealth visits, PCG will remind the Physician for an electronically signed office visit note with medication orders. PCG will follow up with the physicians office to send signed office visit note and medication orders.</p>	7/28/22

	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>yes the deficiency was corrected The Schedule of Activities was completed for resident #1.</p>	<p>2/1/22.</p> <p>22 MAR -8 P2:15</p> <p>STATE OF HAWAII DJH-CRDA 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 will use the admission check list to remind me that the schedule of activities must be completed. I will double check the admission checklist to make sure all documents are completed..</p>	7/28/22

	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 documentation of the PCG assessment upon admission 2/9/21.</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 MAR -8 P2:15</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 documentation of the PCG assessment upon admission 2/9/21.</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 will use the admission check list to remind me that the PCG assessment must be completed. I will double check the admission check list to make sure all documents are completed.</p>	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No TB clearance at the time of admission. Submit a copy of a two-step TB clearance 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>yes, the deficiency was corrected</i> <i>Resident #1 Obtained TB clearance</i> <i>A copy is attached with the POC.</i></p>	<p><i>3/2/22</i></p> <p>22 MAR -8 P 2:15</p> <p>STATE OF HAWAII 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)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No TB clearance at the time of admission. Submit a copy of a two-step TB clearance 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 will use the admission check list to remind me that a two step TB test is needed for every admitted resident.</p> <p>I will double check the admission checklist to make sure all documents are completed.</p> <p>PCG will make sure 2 step TB clearance is obtained upon admission.</p>	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No progress notes of a fall on 12/28/21.</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 MAR -8 P2:15</p> <p>STATE OF HAWAII DOH-DHHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No progress notes of a fall on 12/28/21.</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>PCG/SCG will include statements written in the incident report to the progress note.</p> <p>PCG/SCG will not write in the progress note to "refer to incident report".</p>	<p>2/1/22</p> <p style="text-align: right;">22 MAR -8 P2:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-OSCA STATE LICENSING</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><u>FINDINGS</u> All residents - No monthly weights.</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 MAR -8 P2:16</p> <p>STATE OF HAWAII DOH-JICA STATE LICENSING</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><u>FINDINGS</u> All residents - No monthly weights.</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>Weights for all residents will be recorded on the first Monday of the month.</p> <p>A reminder will be set up in the Care Homes electronic calendar. PCG & SCG will be notified.</p>	<p>2/1/22</p> <p>22 MAR -8 P2:16</p> <p>STATE OF HAWAII 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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> SCG #3 does not sign entries in the progress notes. She uses her abbreviated first name only.</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 MAR -8 P2:16</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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> SCG #3 does not sign entries in the progress notes. She uses her abbreviated first name only.</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>SCG #3 corrected regarding legibility of notes, including to refrain from using abbreviated first name only.</p> <p>All SCGs notified at meeting on 2/15/22.</p>	<p>2/15/22</p> <p>22 MAR -8 P2:16</p> <p>STATE OF HAWAII DOH-04CA 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)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Care giver signatures were illegible when signing progress notes. No legend for the signatures.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Legend is included in Resident #1 folder.</p>	<p align="center">2/15/22</p> <p align="center">22 MAR -8 P2:16</p> <p align="center">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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Care giver signatures were illegible when signing progress notes. No legend for the signatures.</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>A legend sheet has been placed in every resident file. Each care giver is listed and will sign and initial the legend sheet. The legend sheet will be updated when any new SCG are hired.</p>	<p>2/15/22</p> <p>22 MAR -8 P 2:16</p> <p>STATE OF HAWAII DOH-DPCH 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 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>Yes, the deficiency has been corrected A legend sheet has been placed in every resident file - ^{including Res #1.} Each caregiver is listed and will sign + initial the legend sheet.</p>	<p>2/15/22</p> <p style="text-align: right;">22 MAR -8 P2:16 STATE OF HAWAII DOH OFCA 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>A legend sheet has been placed in Resident #1 file. Ex The legend sheet will be updated with any new caregivers.</p>	<p>2/15/22</p> <p>22 MAR -8 P2:16</p> <p>STATE OF HAWAII DOH-DHCA 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> Resident #2 - Discharge date was not recorded on the permanent general 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>yes, the discharge date was added to the permanent register.</i></p>	<p><i>2/15/22</i></p> <p>22 MAR -8 P 2:16 STATE OF HAWAII DOH-ODPA 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>FINDINGS Resident #2 - Discharge date was not recorded on the permanent general 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>Discharge Information will be recorded within 24 hours of discharge of each resident</p>	<p>2/15/22</p> <p>22 MAR -8 P2:16</p> <p>STATE OF HAWAII DHHS 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><u>FINDINGS</u> Hook & eye locking device on the second exit screen door.</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>Construction/maintenance workers were informed that the locking device that came w/screen door is not permissible. Locking device was removed immediately.</p>	<p>2/1/22</p> <p>22 MAR -8 P2:16</p> <p>STATE OF HAWAII DOH-DECS 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><u>FINDINGS</u> Hook & eye locking device on the second exit screen door.</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>Any new doors installed will be assessed prior to installation and will be the in compliance with 11-100.1-23.</p>	<p>2/1/22</p> <p>22 MAR -8 P2:16</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> (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 & Bedroom #5 - No signaling device at the bedside.</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>yes. The deficiency was corrected signaling devices that were moved by residents or staff to other areas in the care home were found and immediately placed in their proper designated areas; including bedroom # 2 bedside & bedroom #5 bedside.</p>	<p>2/1/22</p> <p style="text-align: right;">22 MAR -8 P 2:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-DECA 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 & Bedroom #5 - No signaling device at the bedside.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCCG/SCG will locate signaling devices on each shift and ensure they are placed in its proper areas; at the bedside of each resident's bed.</p>	<p>2/1/22</p>

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

'22 MAR -8 P2:16

Licensee's/Administrator's Signature: Susan K. Halvorsen

Print Name: Susan Halvorsen

Date: 03/02/22

Licensee's/Administrator's Signature: Susan K. Halvorsen

Print Name: Susan Halvorsen

Date: June 7, 2022

Licensee's/Administrator's Signature: Susan K. Halvorsen

Print Name: Susan Halvorsen

Date: 07/28/22

STATE OF HAWAII
DOH-DOCA
STATE LICENSING

22 MAR -8 P2:16