

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jessie's E-ARCH	CHAPTER 100.1
Address: 94-1591 Unit A Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: December 2, 2021 Initial

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

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

STATE OF HAWAII
DEPARTMENT OF
SOCIAL SERVICES

22 JUN 21 P 4:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2 - No documentation of positive tuberculosis (TB) clearance. Submit a copy with the plan of correction (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">Document has been obtained from SCG #2 and filed into PCG's E-ARCH binder. (Please see attached copy to validate my statement.)</p>	<p align="center">12/3/21</p> <p align="center">22 JAN 21 P4:08</p> <p align="center">STATE OF NEW YORK DEPARTMENT OF STATE CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2 - No documentation of positive tuberculosis (TB) clearance. Submit a copy with the plan of correction (POC).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I WILL REVIEW AND FOLLOW THE CHECKLIST FROM MY CARE HOME BINDER MONTHLY IN ORDER TO CONFIRM ALL CAREGIVERS HAVE THE REQUIRED DOCUMENTS. I HAVE CORRECTED THE DEFICIENCY BY OBTAINING A COPY OF MY SUBSTITUTE CAREGIVER'S MISSING TB DOCUMENTATION DIS SEE ATTACHED COPY OF THE DOCUMENT.</p>	<p>5/9/22</p>

22 MAY 11 P2 09

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 & SCG #2 - No first aid certification. Submit a copy for each with the POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 and SCG #2 – First aid certification was already obtained and it is already filed into PCG's E-ARCH binder. (Please see attached copy.)</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:08</p> <p>STATE OF HAWAII DOH-SCCA 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)(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>FINDINGS SCG #1 & SCG #2 - No first aid certification. Submit a copy 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 WILL REVIEW ALL CAREGIVER CPR AND FIRST AID CERTIFICATE MONTHLY TO ENSURE THAT THEY ARE UP TO DATE AND PLACED IN THE CARE HOME BINDER.</p> <p>I WILL USE AND ALWAYS REFER TO MY CARE HOME BINDER/CHECKLIST MONTHLY TO AVOID MISSING ANY DOCUMENTS THAT ARE DUE.</p> <p>I HAVE CORRECTED MY DEFICIENCY BY OBTAINING A COPY OF THE CURRENT FIRST AID CERTIFICATE FROM MY SUBSTITUTE CAREGIVER AND PLACED IT IN MY BINDER.</p> <p>PLS. SEE ATTACHED DOCUMENT.</p>	<p>5/9/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 & SCG #2 - No cardiopulmonary resuscitation certification. Submit a copy 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 will review my E-ARCH binder quarterly to make sure that necessary requirements and documents are complete.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:08</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Current menus were not posted in the kitchen and dining area. Menu posted in the kitchen during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>Current weekly menu has already been posted in the kitchen and dining area.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:08</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menus were not posted in the kitchen and dining area. Menu posted in the kitchen during the inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>ONE WEEK CYCLE MENU WILL BE POSTED IN THE KITCHEN AND DINING AREA WITH DATES . WILL ORIENT ALL CAREGIVERS WHERE IT IS POSTED . ONCE SUBSTITUTE CAREGIVERS BEGIN THEIR SHIFT I WILL NOTIFY THEM THE MENU OF THE DAY IS ALONG WITH REVIEWING WITH THEM THE MEALS THAT WILL BE PROVIDED TO THE RESIDENTS .</p>	<p>5/9/22</p>

22 MAY 11 P2:09

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Two (2) cans of Lysol Disinfectant Spray unsecured in the cabinet of the resident area toilet.</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 already removed the two cans of Lysol Disinfectant Spray. Items are already secured inside the cabinet, which is locked for safety.</p> <p align="right">STATE OF HAWAII DOH/OSCA STATE LICENSING</p>	<p align="center">12 / 2 / 21</p> <p align="center">22 JAN 21 P 4:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <div> <div>22 MAY 11 P2:09</div> <div>STATE OF HAWAII DHP-CHCA STATE LICENSING</div> </div>	<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> Two (2) cans of Lysol Disinfectant Spray unsecured in the cabinet of the resident area toilet.</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 PUT A SIGN/ INSTRUCTIONS IN FRONT OF THE CABINET (WHERE ALL THE CHEMICAL AGENTS WERE STORED/ LOCKED) AS A REMINDER TO ALL CAREGIVERS TO FOLLOW AFTER CARE OF CHEMICALS AGENTS.</p> <p>IN SERVICE DONE TO ALL CAREGIVERS AND HOUSEHOLD MEMBERS AND ALL ACKNOWLEDGE UNDERSTANDING.</p> <p>(SEE ATTACHED)</p>	<p>5/9/22</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> Pepto-Bismol and Tussin DM were unsecured in the kitchen refrigerator.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Items are already stored inside locked medicine cabinet for safety.</p> <p>STATE OF HAWAII DON GUICA STATE LICENSING</p>	<p>12/2/21</p> <p>22 JAN 21 P 4:09</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> Pepto-Bismol and Tussin DM were unsecured in the kitchen refrigerator.</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 make sure that after obtaining medication, I will store it properly in locked medicine cabinet.</p>	<p>12/2/21</p> <p>22 JAN 21 P 4:09</p> <p>STATE OF MARYLAND DEPARTMENT OF SOCIAL SERVICES</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> The medication cabinet in the resident dining area was unlocked and open during the inspection.</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>Medication cabinet in the dining area is already locked at all times for safety.</p>	<p>12/2/21</p> <p>22 JAN 21 P4:09</p> <p>STATE OF HAWAII DOH-ORCA STATE INSPECTIONS</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> The medication cabinet in the resident dining area was unlocked and open during the inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>AFTER TAKING OUT MEDICATION FROM MEDICATION CABINET, I WILL LOCK UP THE CABINET AFTER EACH USE. I HAVE PLACED A REMINDER ON THE DOOR OF THE CABINET TO ALERT MYSELF AND ALL CAREGIVERS TO LOCK CABINET AFTER EACH USE, IMMEDIATELY.</p> <p>ADDITIONALLY, I HAVE THE KEY LABELED ATTACHED TO A LANYARD THAT I AND OTHER CAREGIVERS WILL USE AND CARRY SO THAT IT WILL BE READILY AVAILABLE TO LOCK MEDICINE CABINET IMMEDIATELY AFTER EACH USE OR OPENING.</p>	<p>5/9/22</p>

22 MAY 11 P2:09

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	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 - "Debrox drops 5 gtt to left ear canal BID x 3 days" ordered 10/26/21; however, was not documented as carried out. "Debrox" was not recorded on the October 2021 medication record.</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>I transcribed the missed medication order into the MAR. It is already documented on the October MAR.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:09</p> <p>STATE OF OHIO DEPARTMENT OF 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 - "Debrox drops 5 gtt to left ear canal BID x 3 days" ordered 10/26/21; however, was not documented as carried out. "Debrox" was not recorded on the October 2021 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>Once I receive^d a medication order, I will enter it into the medication record right away. I will thoroughly check my MAR daily for accuracy.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:09</p> <p>STATE OF HAWAII GOVERNMENT STATE HONOLULU</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> '22 MAY 11 P2:09 STATE OF HAWAII DEPARTMENT OF HEALTH STATE Licensure </div>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "Cyclosporin (Restasis Opht) drops Place 1 drop into each eye 3 times a day" ordered 10/26/21; however, the label and the medication record noted "twice a day."</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 HAVE CORRECTED MY DEFICIENCIES BY NOTIFYING THE EYE DOCTOR TO GET A MEDICATION CLARIFICATION ON THE CYCLOSPORIN EYE DROPS. I RECEIVED THE UPDATED MEDICATION ORDER AND IT IS FILED TO THE RESIDENT CHART - THE CORRECT ORDER IS CYCLOSPORINE 0.05% (RESTASIS OPHTHALMIC DROPS) ^{INSTILL} PLACE 1 DROP INTO EACH EYE TWICE DAILY - (SEE COPY OF THE MED ORDER ATTACHED) </p>	<p style="text-align: center;">5/9/22</p>

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22 MAY 11 P2:09

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

	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 - "Metoprolol tartrate 25 mg oral tablet Take 1 tablet by mouth 2 times a day" ordered 10/26/21. The label noted "take with food;" however, the second dose of the day is taken at 8 p.m. Dinner is at 6 p.m. There is no evening snack.</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 CALLED THE MD AND OBTAINED ORDER TO CHANGE ADMINISTRATION TIME FOR THIS MEDICATION - THE ADMINISTRATION FLOW - SHEET FOR ADMINISTERING METOPROLOL WAS CHANGED FROM 8 PM TO 6 PM.</p> <div style="text-align: right; transform: rotate(-90deg); transform-origin: right bottom;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIEUTENANT </div>	<p style="text-align: center;">12/3/21</p> <p style="text-align: center;">22 JUN 21 P4:09</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 - "Metoprolol tartrate 25 mg oral tablet Take 1 tablet by mouth 2 times a day" ordered 10/26/21. The label noted "take with food;" however, the second dose of the day is taken at 8 p.m. Dinner is at 6 p.m. There is no evening snack.</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>BEFORE ADMINISTERING MEDICATIONS I WILL REVIEW MEDICATION ORDER ALONG WITH CHECKING MEDICATION LABEL. IF THERE IS ANY DISCREPANCIES, I WILL CONTACT THE PHYSICIAN IMMEDIATELY FOR CLARIFICATION.</p> <p>I HAVE CORRECTED MY DEFICIENCY BY CONTACTING THE PHYSICIAN TO UPDATE THE METOPROLOL 25 MG ORAL TABLET; TAKE 1 TAB BY MOUTH TWICE DAILY WITH FOOD AT 8AM AND 6PM TO MAKE SURE THAT MED IS TAKEN WHEN RESIDENT HAS BREAKFAST AND DINNER.</p> <p>(SEE ATTACHED UPDATED ORDER.)</p>	<p>5/9/22</p>

22 MAY 11 P2 09

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

	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 - "Calcium, Eliquis and metoprolol" were ordered 10/26/21. At approximately 2:30 p.m. on 12/2/21, the medication was found in the multi-pill packet for 12/2/21 8 a.m.</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 made an incident report on the missed medications. MD and family were notified. No new order from MD. The resident was monitored for adverse effect.</p> <p>I also notified 5 Minute Pharmacy to put all medications on individual container and not on multi-pill packet. All medications are now in their individual container.</p>	<p style="text-align: right;">12/3/21</p> <p style="text-align: right;">22 JAN 21 P 4:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-0005 STATE LICENSING</p>

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	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 - "Trazodone 100 mg oral tablet Take 1 tablet by mouth at bedtime" was ordered 10/26/21; however, the pre-packaged "trazodone" for 11/29/21 8 p.m. was still in the package.</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 MADE AN INCIDENT REPORT ON THIS MISSED MEDICATION. MD AND FAMILY WERE NOTIFIED. NO NEW ORDER WAS GIVEN BY MD. I MONITORED SIDE EFFECTS OF THE MISSED DOSE. THE MISSED PRE PACKAGED MEDICINE WAS DROPPED INTO THE DISCONTINUED MED BOX AT CVS PHARMACY FOR PROPER DISPOSAL AND TO AVOID ERROR.</p>	<p>12/3/21</p> <p>22 JUN 21 P 4:09</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - The SCG stated that the telephone order for "sulfamethoxazole-TMP D tablet (Bactrim DS) Take 1 tablet by mouth every 12 hours" was received on 12/1/21; however, the telephone order was not recorded on the physician order sheet. The medication was delivered on 12/2/21.</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>MY SCG CONTACTED THE MD FOR MEDICATION CLARIFICATION. TELEPHONE ORDER WAS RECORDED ON THE PHYSICIAN ORDER SHEET AND TRANSCRIBED ON THE MEDICATION ADMINISTRATION RECORD.</p>	<p>12/2/21</p> <p style="text-align: right;">22 JAN 21 P 4:10</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - The SCG stated that the telephone order for "sulfamethoxazole-TMP D tablet (Bactrim DS) Take 1 tablet by mouth every 12 hours" was received on 12/1/21; however, the telephone order was not recorded on the physician order sheet. The medication was delivered on 12/2/21.</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>TO PREVENT THIS MISTAKE FROM RECURRING, I WILL CALL THE MD FOR VERIFICATION.</p> <p>IN THE FUTURE, I WILL MAKE IT A HABIT TO ENTER MD ORDER INTO THE PHYSICIAN ORDER SHEET AND MEDICATION FLOW SHEET IMMEDIATELY.</p>	12/2/21

	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 two-step TB clearance. Submit a copy of a single TB skin test 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>Second step TB clearance already obtained and filed into patient's chart. (Please see attached copy.)</p>	<p>12/8/21</p> <p>22 JAN 21 P 4:10</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</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 #4 - No two-step TB clearance. Submit a copy of a single TB skin test 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>PRIOR TO ANY RESIDENT ADMISSION, I WILL REVIEW AND FOLLOW THE ADMISSION CHECKLIST TO BE DONE AND COMPLETED ON ADMISSION DAY OR READMISSION DAY.</p>	<p>5/9/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - No diet order at the time of admission 10/27/21. The diet order was dated 11/4/21.</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>I CONTACTED THE MD AND ELABORATED DIET ORDER.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - No diet order at the time of admission 10/27/21. The diet order was dated 11/4/21.</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>Before admitting the patient, I will make sure to double check all orders and refer to admission checklist for completeness.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not include the resident's need for and response to "Debrox drops to the left ear" and the resident's tolerance to diet.</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>I MADE A LATE ENTRY INTO THE PROGRESS NOTES REGARDING PATIENT'S TOLERANCE TO DEBROX DROPS AND DIET.</p> <p>THE PATIENT'S PROGRESS NOTES WERE REVIEWED IN DETAIL AND CHECKED FOR COMPLETENESS.</p> <p>STATE OF HAWAII JAN 21 2021 10:10 AM</p>	<p>12/3/21</p> <p>22 JAN 21 10:10 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not include the resident's need for and response to "Debrox drops to the left ear" and the resident's tolerance to diet.</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 be more attentive when completing progress notes on a weekly basis, double checking the response and progress of my resident to any treatment or medication and documenting them accurately.</p>	<p>12/3/21</p> <p>22 JAN 21 PM 10</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH OFFICE OF THE ATTORNEY GENERAL</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 - "Seroquel daily" order was changed to "prn" pm 11/18/21; however, the medication remained in the multi-pill packets with "resuvastatin and prednisone." There was no documentation as to the disposition of the discontinued "daily seroquel" in the multi-pill packet. The SCG stated that she threw away the medication in the garbage or toilet.</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>Multi-pill packets of medications were taken back to 5 Minute Pharmacy to be sorted and filled into individual medication bottles. Each container was properly labeled.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:10</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 - "Seroquel daily" order was changed to "pm" pm 11/18/21; however, the medication remained in the multi-pill packets with "resuvastatin and prednisone." There was no documentation as to the disposition of the discontinued "daily seroquel" in the multi-pill packet. The DCG stated that she threw away the medication in the garbage or toilet.</p> <p>MAY 11 2022 STATE OF CONNECTICUT DOH - OFFICE OF STATE LICENSING</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 CONTACT THE PHARMACY, MAKE A REQUEST TO CHANGE MULTI PILL PACKET OF MEDICATION-BE PLACED IN EACH INDIVIDUAL CONTAINER AS PRESCRIBED. THIS ALLOWS FOR ACCURATE DISPOSITION OF EACH MEDICATION SUCH AS ADJUSTMENT IN DOSAGE, FREQUENCY, RELABELING + OR DISCONTINUATION TO AVOID MEDICATION ERROR.</p> <p>IN THE FUTURE, IF I HAVE TO ADMIT PATIENT INTO MY FACCH, I WILL MAKE SURE TO DOUBLE CHECK MEDICATION ORDER AND MEDICATION ON HAND MATCH AND NOT MIXED TOGETHER IN MULTI PILL POCKET TO AVOID MEDICATION ERROR.</p>	<p>5/9/22</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> Resident #1 - No monthly weights recorded.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Monthly weight obtained and already recorded into the Monthly Record and Progress Note.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 22 MAY 11 P2:10 STATE OF HAWAII POLICE STATE LICENSING	<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> Resident #1 - No monthly weights recorded.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I WILL FOLLOW A MONTHLY CHECKLIST AND MAKE IT A POINT TO DO IT - SET AN ALERT EVERY 1ST OF THE MONTH TO CHECK WEIGHTS. PLACED IN THE HOME BINDER FOR EASY ACCESS AND READY FOR INSPECTION/INSPECTOR TO REVIEW.</p> <p>IF THERE IS CHANGES IN WEIGHTS OF > 5 LBS OR < 5 LBS I WILL NOTIFY PHYSICIAN AND DOCUMENT INTO THE PROGRESS NOTE IMMEDIATELY.</p>	<p>5/9/22</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 - Pencil was used in the resident record - medication record, physician order sheets.</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>I already corrected and am avoiding the use of pencil in all the records.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:11</p> <p>STATE OF HAWAII DEPT. OF 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 - Pencil was used in the resident record - medication record, physician order sheets.</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 no longer use pencils to record legal documents for the residents. I will use a pen for permanent records.</p>	<p>12/3/21</p> <p>22 JAN 21 P4:11</p> <p>STATE OF HAWAII DEPARTMENT OF STATE HONORS</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> The permanent general register did not record the admission for three (3) residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I already corrected the deficiency by filling up the document with the proper information of patient.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:11</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LIAISON</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> The permanent general register did not record the admission for three (3) residents.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will be more mindful in the future to fill up all necessary documents upon admission. I will review on a monthly basis the pertinent information, making sure it is complete.</p> <p>STATE OF HAWAII DEPT. OF STATE LIAISON</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p><u>FINDINGS</u> Resident #1 - No written policy for the use of surveillance camera directed at the resident's bed. 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>The surveillance camera directed at the resident's bed is no longer being used. The family was notified.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTION</p>	<p>12/3/21</p> <p>22 JUN 21 P4:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p><u>FINDINGS</u> Resident #1 - No written policy for the use of surveillance camera directed at the resident's bed. 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 will be more cautious when it comes to the privacy of the patient. I will refer to the guidelines regarding the privacy rights of the patient before implementing it.</p> <p>STATE OF HAWAII DEPT. OF HEALTH 6177 ELIJAH MUHAMMAD DRIVE HONOLULU, HI 96819</p>	<p>12/3/21</p> <p>22 JUN 21 P4:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - Charges for services was not documented in the general operational policy.</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>Charges and services were already documented and signed by the family.</p>	<p>12/3/21</p> <p>22 JUN 21 P4:11</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE BUILDING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - Charges for services was not documented in the general operational policy.</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 see to it that all documents are signed upon admission. I will make sure to double check to make sure that nothing is missed out. To effectively do this, I will refer to the admission check list.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:11</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> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> The ramp for the second exit at the back of the ARCH was obstructed by a large box and five (5) gallon bucket.</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>The ramp of the second exit at the back was already cleared out.</p>	<p>12/2/21</p> <p>22 JAN 21 P4:11</p> <p>STATE OF HAWAII DOH-DRCA 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)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS The ramp for the second exit at the back of the ARCH was obstructed by a large box and five (5) gallon bucket.</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>AT THE BEGINNING AND END OF THE DAY, I WILL INSPECT INSIDE AND OUTSIDE OF THE HOME TO CHECK FOR ANY OBSTRUCTION IN DOORWAYS, WALK WAYS, HALLWAYS, RAMP AND EMERGENCY EXITS. THIS WILL ENSURE SAFETY AND PREVENT UNNECESSARY INJURY. ANY OBSTRUCTIONS WILL BE MOVED RIGHT AWAY.</p>	<p>5/9/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Food prepared using a gas grill outside the ARCH due to kitchen/sink repairs. Condiments were left in the sun, outside in the open, unsecured from vermin and insects.</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>All condiments left outside during the kitchen repair were already thrown away.</p> <p>STATE OF HAWAII DHEH STATE LICENSES</p>	<p>12/2/21</p> <p>22 JAN 21 P 4:11</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <div> <div>22 MAY 11 P2:10</div> <div>STATE OF HAWAII DOH OPCA STATE LICENSING</div> </div>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Food prepared using a gas grill outside the ARCH due to kitchen/sink repairs. Condiments were left in the sun, outside in the open, unsecured from vermin and insects.</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 ALWAYS THINK OF 'SANITATION AND SAFETY'.</p> <p>I WILL SET A REMINDER FOR MYSELF AND ALL CAREGIVERS TO STORE DRY GOODS AT AN ADEQUATE HEIGHT (6 INCHES ABOVE GROUND) TO PREVENT CONTAMINATION.</p> <p>REFRIGERATE LEFT OVER FOOD / FREEZE RIGHT AWAY FOR SAFETY PRECAUTIONS.</p>	<p>5/9/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #1 - There was a mattress and box spring leaning upright against the wall in the bedroom.</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>Bedroom #1 mattress was already removed.</p>	<p>12/2/21</p> <p>22 JAN 21 P4:11</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)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #1 - There was a mattress and box spring leaning upright against the wall in the bedroom.</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 not store any furniture improperly to prevent potential harm.</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>	<p>12/2/21</p> <p>22 JAN 21 P 4:11</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> No electronic signaling device in the resident bathroom.</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>Deficiency was corrected. I already installed one and it is in good working condition.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:11</p> <p>STATE OF HAWAII DON CHOI 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> No electronic signaling device in the resident bathroom.</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 make sure that from now on a call bell is always in place inside the resident's bathroom. I will check daily to make sure it is always in good working condition for the safety of the residents.</p>	<p>12/3/21</p> <p>22 JAN 21 P 4:11</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: JESSIE VILLANUEVA

Date: JANUARY 21, 2022

Licensee's/Administrator's Signature: 

Print Name: JESSIE S. VILLANUEVA

Date: 5/9/2022

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JAN 21 P4:11