

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mana's Adult Care	CHAPTER 100.1
Address: 92-1177 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: April 4, 2022 Initial <i>Am</i>

**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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING

22  
APR 04 P 4:38

	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><b><u>FINDINGS</u></b> No documentation that Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1, #2, and #3 to make prescribed medications available to residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Family Care Giver trained Substitute Care Giver #1, #2 &amp; #3 how to make properly records for prescribed medications available to the residents.</i></p>	<p style="text-align: center;"><i>4-5-22</i></p> <p style="text-align: center;">22 MAY 10 P 4:38</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA 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><b><u>FINDINGS</u></b> No documentation that Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1, #2, and #3 to make prescribed medications available to residents.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Primary Care Giver will train/monitor SCG + to show SCG how and where to document on residents prescribed medications, and to show SCG if any of the residents required Specialize Care at all times. I PCG will remind myself by creating a monthly clinical monitor sheet, + to check it everyday.</p>	<p>22 JUN 16 PM 4:44</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> Resident #1 – No menu for “Pureed” diet.</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>PCG worked with the Consultant how to develop Pureed Menu diet for Res #1.</p> <p>PCG prepared New diet menu's after talking to Nutritionist Consultant; Anette Jackson started 4/26/22.</p> <p>PCG posted at the kitchen and dining area for the residents to review.</p>	<p>22 JUN 16 P 4:44</p>

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<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> Resident #1 - No menu for "Pureed" 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>I will refer to the Dietary Consultant regards to the preparation of special diet and to put/mark "P" on Res#1 menus or any of the residents that has an Physicians Order for Special Pureed Diet.</i></p> <p><i>PCG will prepare 2 diff. types of menus ① Regular Diet</i></p> <p><i>② Pureed Diet menu</i></p> <p><i>PCG will be going to consult with Dept. of Health Nutritionist MS. Annette Jackson.</i></p> <p><i>To look out for the handout.</i></p>	<p>22 JUN 16 PM 4:44</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><b><u>FINDINGS</u></b> Resident #1 – General medication orders not reevaluated and signed by the physician every four (4) months. Last reevaluation/signature was on 6/8/2021.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary Care Given onade Dr. Appointments to Physician to reevaluate medications/PRN for Res. #1. Appointment on 4/29/22 at 0815 AM.</p> <p>5/9/22 - Dr's Office called and forms is all done and signed by the Physicians. Picked up forms on this day.</p> <p>A. Mann (PCG)</p>	<p>22 MAY 10 PM 38</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>. (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 – General medication orders not reevaluated and signed by the physician every four (4) months. Last reevaluation/signature was on 6/8/2021.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>As a Primary Care Giver, I will make appointment and take residents to the Primary Physician for a 4 months re-evaluation &amp; sign medications order.</i></p> <p><i>I will create a checklist form as a reminder and for me to review every <sup>day,</sup> week &amp; months and to put it on Residents binder so that it won't lapse or go over the due of reevaluation as ordered by the Physicians.</i></p>	<p style="text-align: right;">22 JUN 16 PM 4:44</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF HEALTH OFFICE OF PROFESSIONAL REGULATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u>  Resident #1 – No medication administration records available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Primary Care Giver recorded all medications on Res. #1, supplements, minerals and formulas w/in taken and recorded date, time, name of dosages, Drugs name and initialed by the Care Givers.</i></p>	<p><i>4/5/22</i></p> <p>22 MAY 10 P 4:38</p> <p>STATE OF HAWAII  DOH-SDA  STATE LICENSING</p>

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	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><b><u>FINDINGS</u></b>  Resident #1 – No daily activities schedule available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Primary Care Giver developed and Implemented schedule on Res. #1 daily activities.</i></p>	<p style="text-align: right;"><i>4-10-22</i></p> <p style="text-align: right;">22 MAY 10 P4:38</p> <p style="text-align: right; transform: rotate(-90deg); transform-origin: right top;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<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 daily activities schedule available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will Implemented a daily activities schedules for the Residents to follow everyday.</p> <p>I will use <sup>New</sup> admission checklist to remind myself to develop daily activities or make a Calendar to review monthly.</p>	<p>22 JUN 16 P4:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No progress notes.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF HAWAII DOH-HSA STATE LICENSING B. J. M. (PCG)</p>	<p>22 MAY 10 P 4:39</p>

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<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.</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/SCG will use a reminder checklist + to find/check/and review Progress Note Monthly. PCG/SCG will document if there's any incident to report like Injury, <sup>on</sup>treatments, illness, diets, care plan changes <del>etc</del>. PCG will put date + time and any action taken + documentation immediately. PCG/SCG will review Progress Note once a month. PCG will be responsible for completing Progress Notes.</p>	<p>22 JUN 16 P4:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No monthly weight records for January 2022, February 2022, and March 2022.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF MICHIGAN DOH-DCA ST/ELM Alman PEG</p>	<p>22 MAY 10 P 4:39</p>

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<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 weight records for January 2022, February 2022, and March 2022.</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>PCG will use a checklist forms to remind myself + to obtain residents monthly weight.</i></p> <p><i>PCG will utilize a clinical monitor work sheets forms monthly to review so that I will not miss again.</i></p>	<p>22 JUN 16 P4:45</p> <p>STATE OF OHIO DEPARTMENT OF STATE CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – No emergency information sheet available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Primary Care Giver completed current Emergency Information of Res. #1 on 4/5/2022.</i></p>	<p><i>4/5/22</i></p> <p>22 MAY 10 P4:39</p> <p>STATE OF HAWAII DOH - HC, STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – No emergency information sheet available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will fill and complete all the Emergency Informations of the Residents Form Sheets accurately and Current Informations of the Residents.</p> <p>PCG will update Emergency Information everytime if there any change of the Residents Informations.</p> <p>PCG is responsible for any updates.</p>	<p>22 JUN 16 P4:45</p> <p>STATE OF HAWAII STATE PLACEMENT</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><b><u>FINDINGS</u></b> Permanent general register does not reflect two (2) admitted residents.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Primary Care Given filled and recorded 2 admitted residents + discharges in the Policy Arch Binder;</i></p>	<p><i>4/5/22</i></p> <p>22 MAY 10 P 4:39</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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<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> Permanent general register does not reflect two (2) admitted 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>Upon admission the Residents must be registered at the Registered Residents form on PCG will be reviewed on monthly basis of the Residents records for compliance.</p> <p>Yes, SCG will be train, how to document and to review chart records of the Residents Admission and Discharges &amp; to log down the dates <sup>when</sup> Residents Admitted or Discharged on the ARCS Policy Binder.</p>	<p>22 JUN 16 PM 4:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed financial agreement on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Primary Care Giver contacted Guardian/Parents of Res#1 + to make arrangement upon to meet and sign Financial Arrangement.</i></p> <p><i>Parent signed Financial <del>arr</del> agreements on this date. 4/13/2022.</i></p>	<p style="text-align: right;"><i>4/13/22</i></p> <p style="text-align: right;">22 MAY 10 P4:39</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - No signed financial agreement on file.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will remind myself to make monthly Clinical Audit monitor sheet to obtain Financial Agreement &amp; to be signed by the Guardian / Parents upon Admission of the Residents.</i></p> <p><i>I will use monthly check-list to remind myself and for not missing any required documents.</i></p>	<p>22 JUN 16 P 4:45</p> <p>STATE OF HAWAII DOCTOR OF SOCIAL WORKING</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)(A) 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 or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – no documented evidence that the resident was fully informed orally or in writing of rights and care home policies.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Primary Care Giver documented and Informed Res. #1 Rights + Care Home Policies to Legal Guardian, Copy of Policies was given to Parents and signed dated 4-13-2022.</i></p>	<p><i>4-13-22</i></p> <p>22 MAY 10 P 4:39 STATE OF HAWAII DOH-001A STATE LICENSING</p>

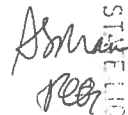
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents 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 or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b>FINDINGS</b> Resident #1 – no documented evidence that the resident was fully informed orally or in writing of rights and care home policies.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>As a PCG I will remind myself to put notes/checklist forms for the Residents Guardians signatures and date, copy of Care Home policies on the day of Admissions. It should be given to them.</p> <p>PCG will document on Progress Notes that the copy of Policy + Procedures was given to the Family w/ all required signatures/date in place.</p> <p>PCG will use a note/checklist for a reminder so I won't miss any required documents.</p>	<p>22 JUN 16 P4:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> No documented evidence that smoke detectors were tested.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF MICHIGAN DEPT OF A STATE LICENSING J. S. Ham RCB</p>	<p>22 MAY 10 P 4:39</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> No documented evidence that smoke detectors were tested.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <hr/> <p><i>I will create a monitor checklist form to remind myself to check and test Smoke Detectors monthly.</i></p> <p><i>I will use a Calendar checklist form for a reminder and to put/attached checklist in ARCH Policy Binder, and to document the date and time of testing every month.</i></p>	<p>22 JUN 16 04:45</p> <p>STATE OF ILLINOIS SOUTHERN STATE LIBRARY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> There were one (1) non-self preserving resident and one (1) blind resident with one (1) caregiver at home upon department arrival at 10:20am. Second caregiver returned home at 12:40pm.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>Donnan</i> <i>PCG</i></p>	<p>22 MAY 10 P4:39</p> <p>STATE OF PENNSYLVANIA DEPT. OF JUVENILE DELINQUENCY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> There were one (1) non-self preserving resident and one (1) blind resident with one (1) caregiver at home upon department arrival at 10:20am. Second caregiver returned home at 12:40pm.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>As an ARCH operator, It's my policy of my Care Home that there will be 2 present Care Givers at all times when 2 non-preserving residents are home. And to re-assure that my Care Givers are aware of my requirements.</p> <p>In addition of another Care Giver to PCG would be helpful and to residents safety. I will strictly enforce this policy and communicate clearly with my Care Givers, so that we can both understand what is required of us to work as a team and to make sure it doesn't happen again.</p>	<p align="right">22 JUN 16 P4:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><b>FINDINGS</b> One (1) of two (2) beds in residents' room #1 had urine odor. PCG changed the sheets during the inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>             STATE OF HAWAII            NON-DEPT.            SUPERVISING         </p>	<p>22 MAY 10 P 4:39</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> One (1) of two (2) beds in residents' room #1 had urine odor. PCG changed the sheets during the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will empty receptacle every usage of urinal and to clean and change bedding right away to prevent odor smells in the bedroom.</p> <p>Yes, PCG has a Regular Cleaning Schedule. <sup>mostly</sup> everyday, I clean <sup>+ change bed sheet.</sup> due to every usage of urinal.</p> <p>PCG will sweep Dust &amp; mop <sup>changed</sup> and wash wet clothes and bed sheets everyday.</p> <p>PCG, SCG + Family Members (18+ above) that presents are responsible for housekeeping.</p>	<p style="text-align: right;">22 JUN 16 PM 4:45</p>

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF IOWA  
DOH-001A  
STATE LICENSING

22 MAY 10 P4:39

Licensee's/Administrator's Signature: Abene S. Mana

Print Name: ABENE S. MANA

Date: 6/6/2022

STATE OF HAWAII  
DOR-CHICA  
STATE LICENSING

'22 JUN 16 P 4:45