

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz (ARCH/E-ARCH) Luz A MARQUEZ	CHAPTER 100.1
Address: 94-908 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: May 2, 2022 Annual

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

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

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JUN 16 P 4:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2 – No documented evidence of a current Fieldprint fingerprint background check report on file for departmental review.</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>ON 5/3/22 ASK A FRIEND TO DO 5/20/22 ONLINE APPOINTMENT TO SCHEDULE LUZ MARQUEZ & JESUS B. MARQUEZ TO SCHEDULE FOR FINGERPRINT 5/12/22 THE RESULT WAS RECEIVE 5/20/22 FOR LUZ A. MARQUEZ AND JESUS B. MARQUEZ I SECURED A COPY OF SCG 2 FINGER PRINT WHICH WAS DONE 5/19/2020 & 5/03/21 INSERT IS A COPIES OF FINGER PRINT FOR PRIMARY C.G. AND SCG 1 SCG 2</p>	<p>STATE OF HAWAII POLICE STATE LICENSING</p> <p>22 JUN 16 P4:42</p>

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ENCLOSE ARE COPIES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> PCG – No documented evidence of a current First Aid & Cardiopulmonary Resuscitation (CPR) certification on file for department review.</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 ACTUAL TRAINING WAS DONE JANU FOR LUZ E JESUS BUT THE WAITING OF THE QR CODE WAS DELAYED DUE TO UNKNOWN REASONS ALTHOUGH ATTEMPTS TO CALL TO GET THE COPY. THE COPY OF FIRST AID CPR WAS SECURED 4/28/22 DELIVERED BY THE QR FROM INSTRUCTOR SC62 JANELL. FIRST AID CPR WAS DONE 1/05/22 WAS NOT ON PCG A. COPY WAS NOT GIVEN TO PCG UNTIL 5/3/22 COPIES OF FIRST CPR FOR SC62 JANELL WAS SECURED 5/7/22 AND PUT ON FILE FOR DEPARTMENT A REVIEW ENCLOSE ARE COPIES</p>	<p>5/3/22</p> <p>5/3/22</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE JUN 16 4:42 PM '22</p> <p>5/3/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS PCG – No documented evidence of a current First Aid & CPR certification on file for department review.</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 INSTRUCT SCL61 AND SCL62 TO REMIND WAY AHEAD OF TIME WHEN FIRST AID CPR EXPIRE WILL MAKE LIST AND TO PROVIDE COPIES TO PCG FILE FOR DEPARTMENTAL REVIEW WILL POST A LIST OF FIRST AID & CPR ON BULLETIN BOARD AND CALENDAR FOR REMINDERS I WILL LOOK FOR A DIFFERENT INSTRUCTOR TO ISSUE A QR CODE AND PROVIDE A CERTIFIED COPY BEFORE IT EXPIRES AND FOR DEPARTMENTAL REVIEW AND TO DO TRAINING</p> <p>ENCLOSURE ARE COPIES</p>	5/3/22

	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 documented evidence of a current First Aid certification on file for department review.</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 SCG 1 FIRST AID CERTIFICATE WAS ISSUED 4/28/22 and put ON FILE FOR DEPARTMENTAL REVIEW ALTHOUGH ACTUAL TRAINING WAS DONE 1/04/22 BUT COPIES WAS NOT ISSUED DUE TO WAITING FOR QR CODE DESPITE OF CONSTANT CALLING OF INSTRUCTOR COPIES WAS HANDLED 5/3/22 AND PUT ON FILE FOR DEPARTMENTAL REVIEW</p> <p>THE SCG 2 (JAMEL) FIRST AID CERTIFICATION WAS SECURED 5/3/22 AND PUT ON FILE FOR DEPARTMENTAL REVIEW</p> <p>BOTH COPIES OF FIRST AID CERTIFICATION WAS PUT ON FILE 5/3/22 FOR DEPARTMENTAL REVIEW</p> <p>COPIES ARE ATTACH</p> <p>TRAINING WAS DONE 1/5/22 FOR SCG 2 (JAMEL)</p> <p>6 ENCLOSE ARE COPIES</p>	<p>5/3/22</p> <p>5/3/22</p>

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BEFORE IT EXPIRE ON MY CLIENTS
I ENCLOSE ARE COPIES

	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>FINDINGS SCG #1 & SCG #2 - No documented evidence of a current CPR certification on file for department review.</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 SCG CPR CERTIFICATION WAS ISSUED 4/28 ALTHOUGH ACTUAL TRAINING WAS DONE 1/4/22 BUT COPIES WAS NOT ISSUED DUE TO WAITING OF FOR LOPE DESPITE OF CONSTANT CALLING OF INSTRUCTOR COPIES WAS HANDPED 5/3/22 AND PUT ON FILE FOR DEPARTMENTAL REVIEW. SCG 2 (JANET L) CPR WAS ACTUALLY DONE 1/05/22 SECURED A COPY ON 5/3/22 AND PUT ON FILE FOR DEPARTMENTAL REVIEW ON ALL CLIENTS. ENCLOSE ARE COPIES</p>	<p>5/3/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 JUN 16 P4:42</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> 11-100.1-15(e): Resident #1 – Physician reordered “Dulcolax 100mg cap, take 1 cap by mouth daily at bedtime” on March 8, 2022. Medication administration record (MAR) stated “Dulcolax 100mg cap, take 1 cap by mouth daily at bedtime” from May 2021-present. Medication label read “Docusate sodium 100mg capsule, take 1 capsule by mouth every night at bedtime as needed for constipation. Physician order, MAR, and medication label do not match.</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>RESIDENT #01 DUCOSATE SODIUM 5/3/22 100 mg CAPSULE po HS AS NEEDED FOR CONSTIPATION WAS ADMINISTERED SINCE MAY 2021 AS ORDERED BY DR. BELMONTE ALTHOUGH ON MAR AND PHYSICIAN'S NOTES DULCOLAX 100mg 1 CAP po at BEDTIME FROM MAY 2021 ON MAY 3, 2022 CALLED DR. BELMONTE AND HER NURSE READ THE NOTES AND VERIFIED THE RIGHT MEDICATION DUCOSATE SODIUM 100mg CAP 1 CAP po HS AS NEEDED FOR CONSTIPATION AND RECORDED IT ON MAR AS ORDERED FROM MAY 2021 BY PCP SINCE 5/21 ALSO CHANG PHYSICIAN ORDER TO DUCOSATE SODIUM 100mg po at BEDTIME as needed for CONSTIPATION and will let DR. BELMONTE SIGN OFF NEXT VISIT.</p> <p>DOLCOLAX 100mg 1 CAP po HS WAS DC SINCE 5/21</p>	

I WILL ATTEMPT TRAINING FOR MANAGING MEDICATIONS SO WITH SC 61 & SC 62 RECORD.

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<input checked="" type="checkbox"/>	<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 11-100.1-15(e): Resident #1 – Physician reordered “Dulcolax 100mg cap, take 1 cap by mouth daily at bedtime” on March 8, 2022. MAR stated “Dulcolax 100mg cap, take 1 cap by mouth daily at bedtime” from May 2021-present. Medication label read “Docusate sodium 100mg capsule, take 1 capsule by mouth every night at bedtime as needed for constipation. Physician order, MAR, and medication label do not match.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>although Dulcolax sodium 5/3/22 100mg CAP PO HS which appears on MAR and PCP's signed notes but on the medication label was Docusate Sodium 1 Cap PO at bedtime has been administered since May 2021 as ordered by PCP as confirmed by nurse May 3, 2022 it was corrected on MAR and PCP's notes 5/3/22 and will have PCP signed on next diet order and the medication as labeled in the bottle to match with the MAR. I will also let the SCB1 & SCB2 and residential care staff to help me check monthly PCP's order the medication label as ordered by PCP present to match with the MAR on all clients</p>	

11 I AND SCB1 & SCB2 WILL
ATTEND TRAINING ON
MANAGING MEDICATIONS
& RECORDING

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician reordered “Benztropine 0.5mg tablet, take 1 tab PO every day” on 9/7/2021. Medication not on October 2021 – May 2022 MAR. No documented evidence of a discontinue order.</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>Benzotropine 0.5mg 1 TAB PO daily was administered as given on Oct 2021 to May 2022 as ordered by PCP (Dr. Belmore, Psychiatrist) since 9/7/21 although although I have corrected signed on initial from Oct. 2021 to May 2022 on May 3/2022 my future plan is to check the medication order and the MAR if its listed and initialed daily I will also ask and instruct the SCL 1 SCL 2 and Residential staff to check if the MDI order, the medication and the MAR and make sure its complete and match and initialed daily. I will make</p>	5/3/22

IC SCL 1 E, SCL 2 WILL
ATTEND MANAGING MB
MEDICATIONS E, REORDER

12 Check list of Reminders.
on my past deficiencies
and review it often as
Reminders on all clients

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – Physician reordered “Benztropine 0.5mg tablet, take 1 tab PO every day” on 9/7/2021. Medication not on October 2021 – May 2022 MAR. No documented evidence of a discontinue order.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>my future plan is to check the medication the doctor's order and the MAR if it's listed and initialed daily. I will also ask and instruct the SCG 1 and SCG 2 to help me check the medication the MAR, and doctors order if it's listed on that month on the MAR if it's also initialed. I will also ask Residential Services staff to help me check. I will also make a check list of my past deficiencies and review it often as reminders for all clients</p>	<p>22 JUN 16 P4:42</p>

7 AND SCG 1 & SCG 2 WILL
13 ATTEND MAINTENANCE
MEDICATIONS & Recording

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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2 will also make a list of past deficiencies like the MAR and renew it as reminders before next as others

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WE WILL ATTEND TRAINING ON MANAGING MEDICATION RECORDING
DC 6 SC61 SC62

18
as reminders and review as often on all clients

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WE WILL ATTEM. TRAINING
ON MEDICATION MANAGING
& RECORDING PCP
SC 61 & SC 62

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – On August 2021 MAR, no documented evidence if the following medications: "Trazadone," "Sertraline," "Olanzapine," "Donepezil," "Dulcolax," "Aripiprazole," and "Benztropine" was administered to or refused by resident on August 31, 2021.</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>my future plan on this missing medications on MAR. Trazadone, Sertraline, Olanzapine, Donepezil, Dulcolax, aripiprazole and Benztropine which was not initialed on aug 31 2021 although it was administered as ordered by PCP is to check on the calendar that ends on the 31st of each month to initial it on the MAR. I will also ask help or instruct SCG 1 & SCG 2 and Residential choices staff to verify and check every single day if its initialed on the MAR esp months that ends on the 31st of the month. I will also add in my checklist to initial everyday on the MAR as a reminder and review as often every single day especially months that ends on the 31st.</p>	

21 WE WILL ATTEMPT TRAINING ON MEDICATION MANAGING AND RECORDING FOR PCG SCG 1 SCG 2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #2 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).</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>On 5/3/22 took Resident 2 to have a Physical Exam done by PCP. Enclosure is a copy.</p> <p>ENCLOSURE ARE COPIES</p>	<p>22 JUN 16 P4:42</p> <p>STATE OF HAWAII DOH-ONCA 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)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).</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 check the clients last physical exam annual year and will take him to PCP the day after the last P.E done. I will also put it on the calendar the dates of their last PE exam as a reminder and also on my check list what needs to done or renewed on all clients.</p> <p>I will also let SC 61 and SC 62 and Residents at choice stop to help me check when client is due to P.E that year and to remind me.</p>	<p>JUN 16 P4:42</p> <p>STATE OF HAWAII DEPT. OF HEALTH NURSING DIVISION</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>FINDINGS Resident #1, Resident #2, & Resident #3 – No documented evidence of a documented weight for the aforementioned resident for the month of April 2022.</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>DOCUMENTATION OF WEIGHTS WAS DOCUMENTED ON THE MONTHS OF APRIL 22 ON RESIDENTS PROGRESS NOTES AND ON RN HOME VISIT NOTES FOR RESIDENT 1, RESIDENT 2 & RESIDENT 3 BUT WAS NOT DOCUMENTED ON MONTHLY WEIGHTS FOR THIS CLIENTS. DOCUMENTED THE WEIGHTS OF RESIDENT 1, RESIDENT 2 & RESIDENT 3 ON MAY 3, 2022 ON MONTHLY WEIGHT. MY FUTURE PLAN IS TO DOCUMENT THE WEIGHT ON THE MONTHLY WEIGHTS SO IT'S VISIBLE FOR DEPARTMENTAL REVIEW. I WILL ALSO LET SCG 1 & SCG 2 AND RESIDENTIAL STAFF OR RN TO CHECK IF IT'S DOCUMENTED ON MONTHLY WEIGHTS. I WILL ALSO ADD IN MY CHECKLIST AS A REMINDER AND REVIEW IT OFTEN.</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, Resident #2, & Resident #3 – No documented evidence of a documented weight for the aforementioned resident for the month of April 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>My future plan is check the monthly weight if its and document it right away at the monthly weight record and the progress notes. I will also ask and instruct SCG 1 E, SCG 2 to help me check if its documented on monthly weight record. I will also ask the Residential choices RN to help me check if its doctaken two weight monthly for all clients and documented on monthly weight record and progress notes I will also make a check list to add as a Remender to take their weight and document it right away on progress notes monthly weight record</p>	

as often and monthly for all clients

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG, SCG #1, SCG #2 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) 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>TWELVE (12) HOUR CONTINUING EDUCATION TRAINING WAS DONE APRIL 17, 2022 PREVENTION & TREATMENT OF PRESURE ULCERS (4 HOUR)</p> <p>BLOOD BORNE PATHOGENS & INFECTION CONTROL TRAINING DONE APRIL 28, 2022 4 HOURS</p> <p>MANAGING RESIDENTS MEDICATION REGIMEN / ACCIDENT & INJURY PREVENTION DONE MAY 7, 2022 4 HOURS</p> <p>TRAINING WAS DONE FOR PCG SCG 1 & SCG 2 WAS SUCCESSFULLY COMPLETED 12 HOUR TRAINING</p> <p>ENCLOSE ARE COPIES</p>	<p>5/7/22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING JUN 16 PM 4:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1, SCG #2 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) 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>my future plan is now that the pandemic is better and limit of people attend the training I will attend attend and so with SCG 1 & SCG 2 as early to complete the 12 hour training before may 2023 or in the future I will look for other places and instructors to do the training meaning do research or ask for fellow care giver who offer free or paid training so it will be done before my inspection date of every may of the year</p>	

Licensee's/Administrator's Signature: Luz A Marquez
Print Name: Luz A. MARQUEZ
Date: 6/15/22

22 JUN 16 P4:43
STATE OF HAWAII
DOI-CHCA
STATE LICENSING