## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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

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.

JUN 16 P4:42

***	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-3 Licensing. (b)(1)(I) Application.  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:  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;  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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  OH 5 3 22 ASK A FRIEND TO DO  OHLINE A PPOINTMENT TO SCHED  LUZHMAR QUEZ & JESUS B. MAN  FOSCHEDYLE FOR FILICER PRIN  5 12 2 THE RESULT WAS RECU  5 20122 FOR LUZA MARQUEZ  AND JESUS B. MARQUEZ  I SECURED A COPY OF SGC 2  FIMGER PRIMT WHICH WAS  DOME 5 19 2020 & 5 03 21  I HSERT IS A COPIES OF  PRIMARY C. G. AND SC  SCG 2	UIE RAUEZ IT EVE Z
			JUN 16 P.4:42

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.  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	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE	1
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:	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? HAD STARTED AM E MALL AMP	5/3/22
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;	WAS SENT TO OFFICE OF HEALT ASSURANCE TO BE ABLE TORE I WILL INSTRUCT SC 6 185662 REMIND AND CHECK THE	to
FINDINGS PCG, SCG #1, SCG #2 – No documented evidence of a current Fieldprint fingerprint background check report on file for departmental review.	REMIND AND CHECK THE EX SO IT WIL BE REMED BE EXPIRATION DATE AND, COPIES OR RESULT WILL B AVAILABLE FOR DEPAR	711 E
	PATES WHEN IT WAS	662
		FRIMD O
-	FOR REPIMPERS  THE CLOSE ARTCOPITS	3

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
×	§11-100.1-8 Primary care giver qualifications. (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:	PART 1  DID YOU CORRECT THE DEFICIENCY?	8	
	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;	USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  THE ACTUAL TRAILING WAS D  JANA FOR LUZE JESUS BU	11	5/3/29
	FINDINGS PCG – No documented evidence of a current First Aid & Cardiopulmonary Resuscitation (CPR) certification on file for department review.	THE WALTING OF THE QROWAS DELAYED DUE TO U REASONS AITHOUGH ATTE CALL TO GET THE COPY.	MKNOWH MPS TO	
		THE COPY OF FIRST AID COMES SECURED 4/28/3 BY THE ORFROM INST	RUCTO	15/3/27 R
		SC62 FIRSTAID CPR U 105/22 WAS HOTOH COPY WAS MOTGIVEN +		
		WHIL 5/3/22 COPIES OF EIRST CPRES SC62 JAMELL WAS 92 5/3/22 AND PUT ONE DEPARTMENT	STATE OF THE CHREAT	\$13/22
		PREPARTMENTA RAW, EMILOSE ART COPI	ES	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-8 Primary care giver qualifications. (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:	PART 2  FUTURE PLAN	
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;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
FINDINGS PCG - No documented evidence of a current First Aid & CPR certification on file for department review.	FWIII INSTRUCT SC61 AND SO TO REMINIO WAY AHEAR WHEN FIRST AID CPR	62 OFTIN
	WIII MAKE LIST AND T PROVIDE COPIES TO PC FOR DEPART MEMTAL R	VITIE
	WILL POST A LIST OF F EPR ON BUILTING BO CALEMPAR FOR REMIN	IRSTA
	I WILL TOOK FOR A DIFFE	WIN CONTRACTOR
	AND FOR DEPARTA	YPIRE YELV
	REVIEW AND TO DOT	RAIM))

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion	á:
$\boxtimes$	§11-100.1-9 Personnel, staffing and family requirements.	PART 1	Date	
	(e)(3) The substitute care giver who provides coverage for a period less than four hours shall:	DID YOU CORRECT THE DEFICIENCY?		
	Be currently certified in first aid;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY		
	FINDINGS SCG #1 & SCG #2 - No documented evidence of a current First Aid certification on file for department review.	THESCGI FIRST AID CERTIFIED WAS ISSUED 4/28/22 and	CATE	5/3/22
		OH FILE FOR DEPARTMENT REVIEW ATHOUGH ACTUA	4	
		TRAINING WAS DONE 1/0	1/22	
18		But copies was Hot 153 Due to wasting For G	R COD.	
		DESPITE OF CONSTANT	CA/(110)	nobl-
		THESCOZIONES WAS	THEU HOL	P5/3/22 PEVIEW
		CERTITICATION WAS STE 5/3/22 AND PUT ONF		.513/2
		TOD DEPARTMENTAL	PRV	64
		BOTH COPIES OF FIRM WASPUT ON PILE 5/3/	A/DECE	ETIPI CATTER
		DEPARTMENTAL REVIE	P4:4	
		LOPIES ARE ATTACH  TRAINING WAS DONE!  FOR SCGZ(JAMET L)  6 EMULOSE ARE CO	15/22	×
		6 EMULOSE ARE CO	SPIES	58
	8	(*) *	а	

.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	§11-100.1-9 Personnel, staffing and family requirements.	PART 2		
	(e)(3) The substitute care giver who provides coverage for a period less than four hours shall:	<u>FUTURE PLAN</u>		*
	Be currently certified in first aid;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT		
	FINDINGS	IT DOESN'T HAPPEN AGAIN?		
	SCG #1 & SCG #2 - No documented evidence of a current First Aid certification on file for department review.	IWIN MISTRUCT SCOLD	2017	5/3/22
		TO REMINDIME AND MA	KE	
		ALIST MOSTED ON BUILD		
		BOARD & CALEMDAR TO P	uT	/
		THE DATE OF FIRST ALOC AND WHEN IT WILL EXP	DE	Attou
ŀ	•	ASA COUSTAIN REMIX	DERS	
		TO SECURE COUITS OFT	1004	
		AID CERTIFICATION AN	IP Put	
	(9	IT ON FILE POR DEPAR	MENT	41
		REVIEW 2 WIL look POR ADIFFER	=1173	
	·	121 7 (1) 73 1 162 14	TRAING!	
		DANITHE GROOM	ton of the	la l
		100185 to 866 566	SC62	
		AND PUT IT BY FILE	TOR A	
		DEPARTMENTAI RE416	WN	
		BEFORE UEXPIREU	MMICHE	MES
	•	1 EX COSE PARE COL	oles	19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
\$11-100.1-9 Personnel, staffing and family requirements. (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:  Be currently certified in cardiopulmonary resuscitation;  FINDINGS  SCG #1 & SCG #2 - No documented evidence of a current CPR certification on file for department review.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  THE S & G CPR CERTIFICATION  WAS ISSUED Y 28 AlthougH  ACTUAL TRAINING WAS DON  I 4 22 BUT COPIES WAS IN  ISSUED OUT TO WAITING OF  CALLING OF INSTRUCTOR  LOPIES WAS HAMPED STO  AND PUT UT ON FILE FOR  DEPARTMENTAL REVIE  ECC 2 LTAMETL) CPR WAS ACCOMP  AND PUT ON FILE FOR DE  REVIEW ON ALICHMES  ELUCIOSE ANE UOPIES	122 122 Word	POXIT SI

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (f)(1)	PART 2	
The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements	FUTURE PLAN	
specified in subsection (e) shall:	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
Be currently certified in cardiopulmonary resuscitation; FINDINGS	IT DOESN'T HAPPEN AGAIN?	
SCG #1 & SCG #2 - No documented evidence of a current CPR certification on file for department review.	I WILL INSTRUCT SCELAND SCI	62
	TOREMIND AMMEAHEAD TIME WHER IT EXPIRE	DF
	AUDTO PROVIDE COPIESTO	
	PCG TO PUT ON FILE FOR DEPARTM ENTAL REVIEW	5/3/2
	WILL POSTA LIST OF FIRE	TAT
	64 Bulletin BOARD AUDI	ALEMPA
	FOR REMINIMPERS	
	I will look FOR A DIFFER	TRAIN
	LUSTRUCTOR TO DO CPR BR CODE and PROVINE	OPIES
	BEFORE IT EXPIRE A	OKS
	DEPARTMENTAL REVIOUS	
	EULOBE ARE CODIT	16
	CHLOGE ME CODIE	P 4 :42

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
§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.  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. 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,	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  PES! O E NT HO! DOCOSATE SO!  1:00 mg. CAPSULE, BO HS AS WEE  FOR COMST! PATION WAS AD ME  SINCE MAY 262! AS OR DERE	Date  UNING 57  DED  MISTERE	D
take 1 capsule by mouth every night at bedtime as needed for constipation. Physician order, MAR, and medication label do not match.		PEDICHTES ICHPES	long ,
	Po at BEDTIME as held CONSTIPATION and with BhBELMONTE Sign ON USIT. Dolcolay woong cappotts Twill ATTEND TRAIL 10 POR MAMALING ME SO WITH SC 61 & S	PER PAIR  INCOM	10 MS PRECORDA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
1	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered	PART 2 FUTURE PLAN	
	by a physician or APRN.  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.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Alphologh Dulcolay Sochus, 1001ng CAPPO HS which ap on MAR and PCP'S Signal Docopate Sodium 1 CAP PO as has blen administered sine murse May 3, 2022 Awas and well have PCP'S Motes 57. In the future will Chaptelle Corder and the medication of the MAR. I tend also be to holp me check intentiol order the medication of order the medication of the MAR. I well also be to holp me check intentiol order the medication (also order the med	pears lectes lectes lexiting medicine les experts les
	d d	THUM THE MAR ON OUT ELAMO SC 6 1 & SC 62 11 attemp training MAMAGIMG MEDI GREGORDIMG	ON
		MAMAGIME MEDI	CA SIO

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on	PART 1	
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.	Correcting the deficiency	
FINDINGS	after-the-fact is not	
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	practical/appropriate. For	
evidence of a discontinue order.	this deficiency, only a future plan is required.	
	Benzeropine o sing 140000	5/3/22 Lavey was
19	may 2022 as ordered by Do	DC42021
	psychiatast) since 9/7/21	PCDX Bel
	although I have currected	signedo
	on may 3/2022 my fulu	plan "
	order and the MAR is its	lested lested
	I will also ast and instru	ex xue sc
TGSC618, SC62 W111	11 the mp order the	staff to a
ATTEMP MAMAGIMB	and the mar and make	Jone of
ATTEMP MAMAGIMB MEDICAHIUNISE, RELOAD	daily. I will make	entic
	6 Check list of Remer	dero.
	Cend relieve et offer repinders an all	a aco

Sil-100.1-15 Medications and available to 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.  FINDINGS  Resident #1 - Physician reordered "Benztropine 0.5mg tablet, take 1 tab PO every day" on 97/2021. Medication not on October 2021 - May 2022 MAR. No documented evidence of a discontinue order.  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  My future plan the doctors can be medicated, the medication of th	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
,	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.  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	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? MY INTURE PLAN IS TO CHEEK I MEDICATION THE DOGORS OF AND THE MAR IS ITS LIS AND ENLECTED DOGORDS TO help me Chech fine Med The MAR, and clockers of Its listed on frat me and free man if its als Entereded I will also The help me check I will also make a  Chech lest of my part I will also make a  The help me check I will also make a  The help me check I will also make a  The help me check I will also make a  The help of the series I be th	JUN 16 P4:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\boxtimes$	§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,	PART 1	
	name of the medication, frequency, time, date and by whom the medication was made available to the resident.	Correcting the deficiency	
	FINDINGS	after-the-fact is not	
	Resident #1 – No documented evidence if "Benztropine 0.5mg tablet, take 1 tab PO every day" was administered to or refused by resident from October 2021 – May 1, 2022.	practical/appropriate. For	
	or refused by resident from October 2021 – Way 1, 2022.	this deficiency, only a future	
		plan is required.	5/2/5
		po daily was administers	Examples
		bequen on Oct 2021 to	mARI
		lested an mare but corr	acle d
		and lested it initialed	7 23
		to may 2022 or May	for ordered
		although I have added to	allocents
		is Chech the medication	the il al
	IAMOSCA & ESCGZWM	order and the MAR of cts	Rested Cuns
	attemb TRAININGOD	Dende cotruct the SCG ( ELC	alovasa
	AMDRECORPING	helpine chech if the web	A to
	MYNRE CORPING	the of heart not been I have	e of the
		and installed on the in	ap. Feur
		cesa inche a cliech list con deficiencies and recient	n Part
	(14	() Reminders.	offer as

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
§11-100.1-15 Medications. (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.  FINDINGS Resident #1 — No documented evidence if "Benztropine 0.5mg tablet, take 1 tab PO every day" was administered to or refused by resident from October 2021 — May 1, 2022.	medications, flue clocked and conder if its listed and and cheer will also make a cheer on may past deficience on my past deficience on began my employed and clients  L'AMPSCGIESSEG2 COMPANAGONE MAMAGINE TOPPICATION	fear d	Al dad
	RECORPING		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
×	§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.	Correcting the deficiency	
	FINDINGS Resident #1 – Physician ordered "Benztropine 0.5mg tablet,	after-the-fact is not	
	take 1 tab every day" on 6/7/2021. Medication not on July 2021 MAR. No documented evidence of a discontinue	practical/appropriate. For	
	order.	this deficiency, only a future	
		plan is required.	
		BEHZTROPINE O. SMITHBPO EVERYDAY Was administer in July 2021 as ordered by MBCDR-Belmonte ) although	
		on June 7/2021. IT was a codded on may 3, 2021 me	ler erreeles
		my future plan for this	MAR
	WEWILLATTEMP TRAINING BY MAMAGING MEDUAL AND REBORDING	Juil absocish ar instru	Jan gare chen Led darly ct Fire
	PC63C618, 5C62	Medication the doctor of Listed con MAR & initialed Sto fue Residential Choices 162 will also make a le Past deficiences les	Staff
		162 will also make a le past deficiencies lehe se and refuel it as he	minder

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
§11-100.1-15 Medications. (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.  FINDINGS Resident #1 - Physician ordered "Benztropine 0.5mg tablet, take 1 tab every day" on 6/7/2021. Medication not on July 2021 MAR. No documented evidence of a discontinue order.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT  IT DOESN'T HAPPEN AGAIN?  My juture Plan is to Checke Inclication flee present of Order if its listed on the daily and if its initial that mention & well fue SC \$C 6 2 and Residential Che staff fo help one Check Mediceition, the present de order if its listed an Ya on that mouth and enet an the Mar paidy I will also make a list adepelences and Remenders o his impleten months wh will attend frank OM Med (cation Many May 1446 AGO RECORD  May 6146 AGO RECORD	Jang con Jan	all Clym
· ·	17		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-15 Medications. (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.	Correcting the deficiency	
	FINDINGS	after-the-fact is not	
	Resident #1 – No documented evidence if "Benztropine 0.5mg tablet, take 1 tab PO every day" was administered to	practical/appropriate. For	
	or refused by resident for entire month of July 2021.	this deficiency, only a future	
		plan is required.	
	107=1071/1 DITTO 1100 = 700	Benfro pine o 3mg HABDO Was administered in July 30210 ardered by day D. Pr. Belman on Jose 7 Doth Celhough of the not on MAR of was correcte added and initialed on 5/3 an MAR faithe month guil my petur plan for fails ing info chech like medicathen; doctors arder of its lested an and initialed aculy or al guil also let 5 C6 1 H SC6 I beseallutail charas Isthely	122 122 122 122 124 124 124 124
	ONE WALLAGING MEDICATION ON MALLIAGING MEDICATION OF C SC 6 1 SC 6 Z	Leifue medication the pro- the marker of sta leston the mar and intraled do	seed as
	•	like the MAR dectors ærder as Reminders and Benens	and medica

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-15 Medications. (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	PART 2 <u>FUTURE PLAN</u>	
	whom the medication was made available to the resident.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	FINDINGS  Resident #1 – No documented evidence if "Benztropine 0.5mg tablet, take 1 tab PO every day" was administered to	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	or refused by resident for entire month of July 2021.	my feelure plan is to chick	e the
	<del>ड</del> ि	is its listed can the MAR da	ely Club
		Moule Los Resident ( and	cet allaha
		clients 9 cuils also les	9061
		has a check the medical	ier the
		present doctors order of	its list
		installed double on the in	AR end
		Quil also make a lest o	7 pass
	- 1 1 1 1 TT	deficiences con Retirente	as of yeu
	WEWILL ALL END TRAMPING	as remeders ar before m	y es
	ON MEDICATION MANA	Ou all Cheat	7(1/108)
	WEWILL ATTEMD TRAMING ON MEDICATION MAMAS & REWRDANG PC6 SC6198C62	46	
			В Р4
-		1	4:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
×	§11-100.1-15 Medications. (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.	Correcting the deficiency after-the-fact is not	
	FINDINGS  Resident #1 – On August 2021 MAR, no documented evidence if the following medications: "Trazadone," "Sertraline," "Olanzapine," "Donepezil," "Dulcolax,"	practical/appropriate. For	
	"Aripiprazole," and "Benztropine" was administered to or refused by resident on August 31, 2021.	this deficiency, only a future plan is required.	
	WE WILL ATTEM TRAINING ON MEDICATION MAMAGE OF RECORDING PCC SCGI OSCGZ	Tragadone, Sertraline, ola porepesil, Pulcola f. and and school present mas and con mag 3/1202/ as ordered and of was hot initionally of was corrected initionally future plan so to the maj future plan so to the colendary on the months on the calendary on the maje. I will also en the maje. I will also en the maje.	ley populared alled on the state on the charten of the charten of the charten of the charten on the charten of

Date  1-100.1-15 Medications. (f)  Edications made available to residents shall be recorded a flowsheet. The flowsheet shall contain the resident's me, name of the medication, frequency, time, date and by soom the medication was made available to the resident.  NDINGS  Sident #1 - On August 2021 MAR, no documented idence if the following medications: "Trazadone," ertraline," "Olanzapine," "Donepezil," "Dulcolax," ripiprazole," and "Benztropine" was administered to or	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Introductions made available to residents shall be recorded a flowsher. The flowsheet shall contain the resident's me, name of the medication, frequency, time, date and by om the medication was made available to the resident.  NDINGS  NDINGS  Sident #1 - On August 2021 MAR, no documented idence if the following medications: "Trazadone," retraine," "Onargaine," "Dulcolax," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  What we plan a certaine, "Date of the medications of the following medications: "Trazadone," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  What we plan a certaine, "Date of the plan and instruction of the following medications: "Trazadone," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  What we plan a certaine, "Date of the plan administered to or used by resident on August 31, 2021.  What we plan a certaine, "Date of the plan and the plan a	TOLLEY (VIN I MANIE)		1 "
a flowsheet. The flowsheet shall contain the resident's me, name of the medication, frequency, time, date and by om the medication was made available to the resident.  NDINGS  Sident #1 - On August 2021 MAR, no documented dence if the following medications: "Trazadone," erratine," "Onlargoine," "Donepezil," "Dulcolax," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  My place plan centless messence with the plan centless messence will be a supply and continued and place and place are purply and continued and purply and continued are purply and continued and place are purply and continued and place are purply and continued and continued and continued are purply and continued and continued are purply and continued are purply and continued are purply and continued and continued are purply and continue	§11-100.1-15 Medications. (f)  Medications made available to residents shall be recorded	PART 2	
USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  What what what plan anythis musling medications: "Trazadone," ertraline," "Olanzapine," "Donepezil," "Dulcolax," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What cliptons an MAR. Trazadone, which was administered to or used by resident on August 31, 2021.  What cliptons an MAR. Trazadone, which was administered to or used by resident on August 31, 2021.  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what will you do to ensure that IT DOESN'T HAPPEN AGAIN?  What what what what while a white a musle of the control of the cont	on a flowsheet. The flowsheet shall contain the resident's	<u>FUTURE PLAN</u>	
Sident #1—On August 2021 MAR, no documented idence if the following medications: "Trazadone," "Dulcolax," "Dulcolax," "pipirazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  But of the following medications: "Trazadone," "Policolax," ripiprazole," and "Benztropine" was administered to or used by resident on August 31, 2021.  But of the plan on the surface of the following and "Benztropine" was administered to or used by resident on August 31, 2021.  But of the plan on the surface of the following and many and the following and the surface of the following and the	whom the medication was made available to the resident.		
must be plan by the morpe of the large of the large of the large such that the large of the larg	FINDINGS  Resident #1 – On August 2021 MAR, no documented	IT DOESN'T HAPPEN AGAIN?	
Sentraline, Clauseighte, Congress Dulcolar araphipagal and Benter which was not unitaled an seed 3021 although a was administed and seath of the Calendar fast and santhe 300 each motifies to entered at the first material of the motifies to entered at the first material along the first and Cheek hery single day of its law and the months of the months of the months of the months are the seath of the months and the material and and the seath of the months of the months of the months of the months are the months and the material and the seather as of the months are the months and the seather and the sea	"Sertraline," "Olanzapine," "Donepezil," "Dulcolax,"	my future plan anthes m	esseng
Dilcolat arsphipasse and Benef minist was not initialed en aug 2021 although of was administer as ordered by PCP is to chech on fue Calendar that ends and as a Of each most to So 1 & SC 6 2 and or instruct & E 6 1 & SC 6 2 and Residential choices Stupp to berson Chech hung alongs day of its had On fue MARISP worths had cond to 2 leve also add in lang attach a remains and Assault Marie as offer everyzingle day of the chies as offer everyzingle day of the chies unorther that lado an the 31 35.	refused by resident on August 31, 2021.	mediculions an mile.	onesse
much was not initialed an aug 2021 alfueigh of was administer as ordered by PCP is to Chech and fue Calendar fact and son the 30 and fue Calendar fact and son the 30 and fue MAR. I will also ash to a suspend of the living single day of its incompany and of the months are confident weight and care and to initial energy and the many and the care are of the survey and the survey an		pulcolar araphpazala	d Bent
as ordered by PCP is to check and fue Calendal fact ends sented of the Cach mothers to enited it and full MAR: I live also ask to a sustained choices stopped to be to the Check living single day if it is the confue MARILED involved that exists I for initial everyday caption may a seninder and the sustained as of the surregular day lope as of the surregular day lope.  21 WE WILL BITEMP TRAINING ON MEDICATION MAY RESIDED.		which was not initialed	an aus
fue Calendal fast ends souther of all mosphes to entead of all mosphes to entead of an fue MAR. I alled also ash he are sustained choices stopp to berson the hurry single day of its law confue MARLES indoorfus had assess to infer the months a level also add in any the Mare a reminders and formal energy and formal energy and formal single as of the surry single day experience as of the surry single day experience as of the surry single day experience and of the 313th.  21 WE WILL BITEMP TRAILMING OF MEDICATION MAY AGINE A		as ordered by PCP is to Cl	rech a
an ful MAR. 2 well also ash he are unstruct as to 1 85 C 62 and Residential choices Stuff to verso a cheek lucy sengle day of its incompass of the months a senior also add in any attack to initial everyday apptible may a software surgengle day especial works full battery full battery that luck on file 313t.  21 WE WILL BITEMP TRAHALING ON MEDICATION MAY AGING A		fue Calendal that ends a	afte o
Desidential choices Stuff to very a cheek lucy sengle day of its had confus manufactus that each to initial every day cantille make a reminder and the surge and the surge as of the surge and the surge and the surge as of the surge and sur		an fue MAR. 2 well als	cash
Check huery single day if it's inconfus manufactory whom the short could be compacted to infect the could be infected the could be infected the surry and the surry can be income as of the surry single day expected that ends on the 3137.  21 WE WILL BITEMP TRAILING ON MEDICATION MAY AGING A		Desidenteal Noveres Christ	2 and
21 St of the months  2 live also add in any other has a reminders and herausing realise as of the surrey lingle day experience works full by TRAILAIMS on MEDICATION MANAGEMENTS		Cheek lury single day	6 its in
2 level also add in and the chile to imfeal everyday antition made a reminders and the survey angle day experience with the survey and an five 3137.  21 WE WILL BITEMP TRAILING ON MEDICATION MAY AGING A		31 St of the months	7 esido
a reminders and the sure realized as of the surey sengle day lope of working frat ends on the 3137.  21 WE WILL BITEMP TRAILING ON WEDICATION MAY AGING A		2 lui also add in and	To the ch
us of the energy engle day lopered works feat luck on the 3137.  21 WE WILL BITELLE TRAILING ON WEDICATION MAN AGINE A		a reminders and the said	Mare
21 WE WILL BITTEMP TRAHALIMG ON WEDICATION MANAGING A		as of the surrey single da	Pope
MEDICATION MANAGINES A		21 OVE WILL BY TEMP TRAI	MIMILE
		MEDICATION MANA	6116 A
RECERPING FOR CG SCG1		RECORPING FERIO	69661

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  FINDINGS  Resident #2 — No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  ON 5/3/22 fook Resident  formula Physical Exa  Conl by PCP. Enclose  a copy.  EMC 165E ARE COPIE	22 JUN 16 P4:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
×	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:	PART 2		
	During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  FINDINGS Resident #2 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  I WILL PERCENT fue Cleart last plear and will feeke him fue day affer fue last per fue dast per fue dates of the dates of their last per and calso the check hist pleat weeks to or kendured can all clear or kendured can all clear folder medical when the date for for per fue here when and to permit me.	Lucil Long  Con har  Con har  Sold  Sold	p dar
		23		50

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:	PART 1	
Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or	Correcting the deficiency	
responsible agency;	after-the-fact is not	
FINDINGS Resident #1, Resident #2, & Resident #3 – No documented	practical/appropriate. For	
evidence of a documented weight for the aforementioned resident for the month of April 2022.	this deficiency, only a future	
	plan is required.  DOCUMENTATION OF WEIGHTS	
	WAS DOCUMENTED BY THE MOUNT OF APRIL 22 ON RESIDENTS PR	10
	INTECAND ON AN HOME VISI	MOTES
	FOR RESIDENIL RESIDENTALED OF BUT WAS NOT DOCUMENTED OF	A mou
	WEIGHTS PORTHIS CLEATS. TO THEWEIGTHS OF RESIDENT	ocum BI
	GRESIPENETSON May 3, 26:	2018
	WEIGHT. MY PUTURE PIA	190157E
	HE WEIGHT BUTHE MONTLY LAS VISIBLE FOR DEPART M	ENCHA
	I will also let &CG1 & SCG2	and P
	LE LES DOCOMENTEDON	nouth
	WEIGHTS. I WILL MISO ADI	14 m
•	24 AUD DE VIEW IT OFF	UNTR

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:	PART 2	
Recording of resident's weight at least once a month, and	FUTURE PLAN	
more often when requested by a physician, APRN or responsible agency;	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
FINDINGS	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
Resident #1, Resident #2, & Resident #3 – No documented evidence of a documented weight for the aforementioned	long future Plan is check &	he mai
resident for the month of April 2022.	weight if as and documen	It IT R
	away at the mouthy weigh	EAT AND ME MAN PRICE SOLVER CONTRACTOR CONTR
4	the progress notes. I wil	1 also
	me check if its document	2 10 4
	monthly culiant boxos &	Tecl on
	ash the Researchial diese	to DI
	help me check if of s doc	taken
	weight monthly for all	clean
	Children Desired on me	uthory
	Dail also make a con	rese !
	to add as a Remender	Le Mari
	their cullinglist and do che	tout
	Regul away on progres	+ Cox
	as often and mone	leter 1
	25 air clients	57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\boxtimes$	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:	PART 1	
	Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of	DID YOU CORRECT THE DEFICIENCY?	
	continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.	USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	5/7,22
	FINDINGS	TWEIVE (12) HOUR CONTINUING E TRAINING WAS DONE APRIL!	とつューー
	PCG, SCG #1, SCG #2 – No documented evidence of twelve (12) continuing education hours completed within	PREVENTION & TREATMENT PRESURE ULCERS (4 HOUR)	OF
	the past twelve (12) months.	BIBBORNE PATHOGENS &	
		(UFECTION COMTROL TRAININ	6 POYE
		APRIL 28 2022 4 hours	•
		REGIMEN ACCUDENT &	CATION
		MAMAGING RESIDENTS MER REGIMEN I ACCIDENT & P PREVEN FION POME MAY HHOURS	7,2022
		TRAMING WAS DOME F	OR PSG
		5C61 8, SC62 hAS S	ycc& SAO
		Completed 12 hour TRE	NEWR
		Completed 12 hour TREE COPIES EN CLOSE ARE COPIES	6 P
		<b>**</b>	4 :43

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULES (CRITERIA)  §11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:  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.  FINDINGS PCG, SCG #1, SCG #2 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) months.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  MY RUTURE PLAY IS MOW TO THE PAMDE MIC IS BE AND LIMIT OF PEOPLE THE TRAINING I WILL ATTEND TO THE PAMD SO WITH	Date  HAT  TRER  ATTEMB  TTEND  SC61
·	ESCG2 AS EARLY TO THE 12 hour TRAIMING MAY 2023 OR IN HHE EWILL LOOK FOR OTHER AMD IMSTRUCTORS TO TRAIMING MEAMING PLSEARCH OR ASK FO CARE GIVER Who OF A OR PAID TRAIMING BEFORE ME DATE OF EVERY MAN	COMPLETE BEFORE FUTURE PIACES DO THE DO THE DO FREE

	 	Marie de la companya del companya de la companya de la companya del companya de la companya de l	A	

Licensee's/Administrator's Signature:

| Lugh marquef
| Print Name: Luz A · MARS u & 
| Date: | B | 15 | 2 2

STATE OF HANAII
BOH-OHCA
STATE-LICENSING