

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|--|
| Facility's Name: Regal Living Care Home LLC | CHAPTER 100.1 |
| Address: 94-414 Opeha Street, Waipahu, Hawaii 96797 | Inspection Date: January 20, 2023 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that residents received fire drill orientation at admission.</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>Fire drill orientation was done with the resident. Recorded and filled it at Care home binder.</p> | <p>1/20/23</p> <p>23 FEB 13 P1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that residents received fire drill orientation at admission.</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 set up an alarm on my phone to do the fire drill during 1st week of the month.</p> <p>I also created a checklist to monitor the completeness of the data PCs to check it every last week of the month</p> <p>- To check with the checklist every after admission of the resident for drill orientation</p> | <p>1/20/23</p> <p>STATE OF CONNECTICUT FEB 13 P 1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> There was an open bottle of wine stored in refrigerator in the wet bar. Primary Care Giver (PCG) removed and secure the wine during 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>23 FEB 13 P1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> There was an open bottle of wine stored in refrigerator in the wet bar. Primary Care Giver (PCG) removed and secure the wine during 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>-I will put an alert alarm on my phone every night to check the refrigerator for any potential hazardous foods.</p> <p>-I will re educate SCG for proper storage and securing hazardous foods away from the resident.</p> <p>-I will make a checklist of cleaning schedule and will post it in the Bulletin board and will do weekly check and review with SCG</p> | <p>11/21/23</p> <p>23 FEB 13 P1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bleach container was stored in unlocked cabinet under the kitchen sink. Corrected during 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>23 FEB 13 P 1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 Food sanitation. (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> Bleach container was stored in unlocked cabinet under the kitchen sink. Corrected during 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>- I will reviewed and re educate SSCs the proper way of storing and securing toxic chemicals and cleaning agent.</p> <p>- I will make a note saying "Please lock the cabinet every after each use" And will post it in the front of the cabinet. And will ensure to put the lock in a secured place.</p> <p>- PCA to check 2x a week if the toxic chemical and cleaning agents are properly labeled and stored.</p> | <p>1/21/23</p> <p>23 FEB 13 P 1:46</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> Medication cabinet had a key in the lock upon department arrival. Corrected during 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>23 FEB 13 P1:46</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> Medication cabinet had a key in the lock upon department arrival. Corrected during 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>- Reviewed and re educate with SCN that the medication cabinet must be locked at all times.</p> <p>- I will placed a note in front of the medicine Cabinet "Please Lock after each use".</p> <p>- I will put an alarm on my phone to check it daily to ensure Medication cabinet was lock. at all times</p> | <p>1/21/23</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH OFFICE OF INSPECTION 23 FEB 13 P1:46</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> Ketoconazole topical 2% shampoo was left in residents' bathroom unsecured. Corrected during 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>'23 FEB 13 P 1:46</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> Ketoconazole topical 2% shampoo was left in residents' bathroom unsecured. Corrected during 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>- pch to review with scs regarding proper storage of prescribed medication. - I put an alarm on my phone at night to check if all prescribed medication were properly stored and secure and in proper storage and to check if let were placed in a secure place.</p> | <p>1/21/23</p> <p>23 FEB 13 P 1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – On 12/30/2022, physician ordered “Trazodone 50, 1tab QHS prn may repeat x1.” Indication for prn use not provided.</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>- We went for Dr's visit and clarification for the Physician's order for Trazadone 50mg 1 tab By mouth at bedtime as needed for sleep and may repeat x1 as needed for insomnia was obtained and filled it at resident's binder.</p> | <p>1/31/23</p> <p>23 FEB 13 P1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – On 12/30/2022, physician ordered “Trazodone 50, 1tab QHS prn may repeat x1.” Indication for prn use not provided.</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 to happen again in the future I will ensure to double check the order and check the medication checklist for typo error before leaving the Dr's office.</p> <p>- And to double check upon delivering of the medication if the medication labeled match with the Dr's order ^{upon} before accepting the medication</p> | <p>1/31/23</p> <p>23 FEB 13 P1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|-------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Cabinet for residents' binder was not locked upon department arrival. Key was left in the lock. Corrected during 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>STATE OF INDIANA DEPARTMENT OF STATE RECORDS</p> | <p>23 FEB 13 P 1:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Cabinet for residents' binder was not locked upon department arrival. Key was left in the lock. Corrected during 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>I will review and re educate SCs for the proper storage and securing of resident's record and will create a checklist to set-up a reminder to do it every end of the month to remind SCs and follow-up for consistency</p> <p>- I will put a note in front of the cabinet saying. Please lock at all times after use. And make sure to put the lock in the safe cabinet.</p> <p>- I set up an alarm on my phone to double check at every night. After my charting at night.</p> | <p>1/21/23</p> <p>23 FEB 13 P 1:46</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 – Medication list in Emergency Information sheet was not up to date.</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>- Updated medication list was obtained after the Dr's visit. And filled it to the resident binder under Emergency information sheet.</p> | <p>1/31/23</p> <p>23 FEB 13 P 1:46</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <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 – Medication list in Emergency Information sheet was not up to date.</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 to double check the Medication list was complete and updated as ordered. And to check with any discrepancy and type error before leaving the office.</p> <p>-I will create a checklist to remind my self ^{to review} every 3 months for updated of the Medication list.</p> | <p>1/31/23</p> <p>23 FEB 13 P1:47</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (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> In Permanent Resident Register, the following was not recorded;</p> <ul style="list-style-type: none"> -“Religion” for one (1) current and one (1) discharged residents -“Admitted from” for two (2) current and two (2) discharged residents -“Discharged to” for two (2) discharged residents | <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>I filled out the blank space such as the Religion, and the Admitted from and Admitted to from the Permanent Resident Register.</i></p> <p><i>Please see attached</i></p> | <p><i>1/20/23</i></p> <p>23 FEB 13 P1:47</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, the following was not recorded;</p> <p>-“Religion” for one (1) current and one (1) discharged residents -“Admitted from” for two (2) current and two (2) discharged residents -“Discharged to” for two (2) discharged 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>I will put the admission checklist on the resident binder as well at my care home binder to put the data upon admission and to check it at least every month, or every time I discharge a resident to ensure completeness of the data and to check in complete on log.</i></p> | <p><i>1/21/23</i></p> <p>23 FEB 13 P1:47</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> (b)(4)</p> <p>Primary care givers' rights and responsibilities:</p> <p>The primary care giver or licensee shall be responsible for ensuring the health, safety, welfare and civil rights of all residents under their care.</p> <p><u>FINDINGS</u></p> <p>Surveillance cameras used in residents' bedrooms. There was a signed consent document but required information was not included.</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>We took out the camera monitoring on resident's bedrooms. Resident and family was informed regarding the termination of the signed consent effective 1/21/23</p> | <p>1/21/23</p> <p>23 FEB 13 P 1:47</p> <p>STATE OF PENNSYLVANIA DEPARTMENT OF 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> (b)(4)</p> <p>Primary care givers' rights and responsibilities:</p> <p>The primary care giver or licensee shall be responsible for ensuring the health, safety, welfare and civil rights of all residents under their care.</p> <p><u>FINDINGS</u></p> <p>Surveillance cameras used in residents' bedrooms. There was a signed consent document but required information was not included.</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>Camera monitoring were took out from each of the resident rooms.</p> <p>And I created a schedule duty time with the my in house substitute caregiver to do the rounds and be responsible in ensuring the health and safety of all the resident.</p> <p>I will check the monitor the schedule every week.</p> | <p>1/21/23</p> <p>23 FEB 13 P1:47</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><u>FINDINGS</u> No record that smoke detectors were tested in November 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>'23 FEB 13 P1:47</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>FINDINGS No record that smoke detectors were tested in November 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>I will set an alarm on my phone every 1st of the month to check and test the smoke detectors.</i></p> <p><i>- I will also create a checklist and to check it every month to check for the completeness of the data entry.</i></p> | <p><i>1/21/23</i></p> <p>23 FEB 13 P 1:47</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> There was dog feces in front of one of the exit doors. Cleaned during 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>STATE OF HAWAII DOH-OIG-1 STATE LICENSING</p> | <p>23 FEB 13 P1:47</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> There was dog feces in front of one of the exit doors. Cleaned during 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><i>I will create a cleaning schedule and review it with my SCG. And re educate them on how to maintain the entire facility in a safe and comfortable manner</i></p> <p><i>-Reeducate SCG to do the rounds as often as needed to observed and monitor the cleanliness and safety of the facility for the resident.</i></p> <p><i>- To check daily with SCG.</i></p> <p>STATE OF HAWAII DOH-PICA STATE LICENSING</p> | <p><i>1/21/23</i></p> <p>23 FEB 13 P1:47</p> |

Licensee's/Administrator's Signature: *[Signature]*
Print Name: Leibeth Savit
Date: 2/13/23

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

23 FEB 13 P1:47