

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Saladino's Adult Residential Care Home LLC	CHAPTER 100.1
Address: 91-1011 Pailani Street, Ewa Beach, Hawaii 96706	Inspection Date: May 18, 2022 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.

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

22 JUN -7 P 3:09

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care giver (SCG) #1, #2, #3 – No first aid certification. Please submit a copy of first aid certification for each.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- corrected</p> <p>- Obtained First Aid Certification For SCG # 1, #2 And #3</p> <p>* A Copy of First Aid Certification 7/18/2022 for SCG #1, #2 And #3 is attached.</p>	<p style="text-align: right;">22 JUN -7 P 3:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care giver (SCG) #1, #2, #3 – No first aid certification. Please submit a copy of first aid certification for each.</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 have a checklist of SCG's certification And expiration dates posted in the common area, that way they have a reminder to renew their certificates before it Expires.</p>	<p>22 JUN -7 P 3:09</p> <p>STATE OF MARYLAND DOH-CHCA 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><u>FINDINGS</u> No documentation that PCG trained SCG #3 to make prescribed medications available to residents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>- corrected</i></p> <p><i>- PCG trained SCG #3 on prescribed medications Available to residents. Documentation regarding training completed.</i></p>	<p style="text-align: right;">22 JUN -7 P 3:09</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF 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><u>FINDINGS</u> No documentation that PCG trained SCG #3 to make prescribed medications available to 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>- Will follow APCH Admission/Re admission checklist And make a certain that all the requirements listed are all ready And available prior or on the day of admission. Documentation that PCG trained SCG's to make prescribed medications available to residents included in the Admission Checklist.</p>	<p>22 JUN -7 P3:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #3 – No cardiovascular resuscitation (CPR) certification. Please submit a copy of CPR certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>- corrected</i> <i>- obtained and submitted CPR Certification to SCG # 3 on</i></p> <p><i>* A copy of CPR Certificate for SCG #3 is attached</i></p>	<p style="text-align: right;">7/18/2022</p> <p style="text-align: right;">22 JUN -7 P 3:09</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DOH-0011 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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #3 – No cardiovascular resuscitation (CPR) certification. Please submit a copy of CPR certification.</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 a checklist of all Necessary certifications and credentials for future SCG's. SCG's must meet all requirements prior to working. Credential and certification will be filled in a separate binder for easy access and periodic inspection.</i></p>	<p>22 JUN -7 P 3:09</p> <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS STATE PRISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1 – External and internal medications stored in the same container. Primary Care Giver (PCG) placed the external medication in a plastic bag 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>22 JUN -7 P3:09</p> <p>STATE OF MA DOH-000A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medications stored in the same container. Primary Care Giver (PCG) placed the external medication in a plastic bag during inspection.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Will segregate future medications External and Internal medications are to be stored in separate containers with a proper name and labels.</i></p>	<p align="right">22 JUN -7 P 3:09</p> <p align="right">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</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 – Medication Administration Record (MAR) stated "Amlodipine 5mg tab, take 1 tab by mouth daily (Hold if SBP<100)". No physician's order for blood pressure parameter.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- <i>Corrected</i> - <i>called MD regarding residents "amlodipine" and received a physician order to include a hold parameter of "Hold if SBP is lower than 90". New order has been included in the MAR.</i></p>	<p style="text-align: right;">22 JUN -7 P 3:09</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>FINDINGS Resident #1 – Medication Administration Record (MAR) stated "Amlodipine 5mg tab, take 1 tab by mouth daily (Hold if SBP<100)". No physician's order for blood pressure parameter.</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>In the future, We (PCG and SCG) will ensure Blood Pressure parameter (a hold parameter) has an order by their physician, if necessary.</p> <ul style="list-style-type: none"> - ensure that BP parameter, Pharmacy Label & MAR exactly matches Physician Order. - We will review medications, at all times or at least every month and everytime I get a new Physician Order for completion. - example of BP parameter Hold if SBP is less than — or Hold if Pulse rate is less than —. 	7/18/2022

	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 – Physician's order 3/30/2022 is "Aspirin EC (ECOTRIN) 81mg". MAR stated "Aspirin 81mg".</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>- Corrected</i> <i>- updated MAR to exactly match MD's order and pharmacy labels</i></p>	<p style="text-align: right;">22 JUN -7 P 3:09</p> <p style="text-align: right;">STATE OF MARYLAND NOTARY PUBLIC STATE LICENSE NO.</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 – Physician's order 3/30/2022 is "Aspirin EC (ECOTRIN) 81mg". MAR stated "Aspirin 81mg".</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Ensure that Physicians order and Pharmacy labels match what is documented in the MAR. Will verify with other caregivers that medication order and MAR matches.</p>	<p style="text-align: right;">22 JUN -7 P3:09</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE ATTORNEY</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 - Tramadol 50mg tab, dosing instruction not listed entirely. Physician's order dated 3/30/2022 stated "Tramadol 50mg tablet, take 1 tab by mouth every 8 hours. Use for breakthrough pain 7-10, if not relived with Tylenol." MAR stated "Tramadol 50mg tab, take 1 tab by mouth every 8hrs as needed for pain."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- corrected</p> <p>- updated MAR to exactly match MD's Order And Pharmacy Labels</p>	<p style="text-align: right;">22 JUN -7 P 3:09</p> <p style="text-align: right;">STATE OF ALABAMA DOH - CIVIL STAFF LIAISON</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 - Tramadol 50mg tab, dosing instruction not listed entirely. Physician's order dated 3/30/2022 stated "Tramadol 50mg tablet, take 1 tab by mouth every 8 hours. Use for breakthrough pain 7-10, if not relived with Tylenol." MAR stated "Tramadol 50mg tab, take 1 tab by mouth every 8hrs as needed for pain."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Ensures that Physicians Order and Pharmacy Labels match what is documented in the MAR. Will verify with other caregivers that medications order and MAR matches.</p>	<div style="text-align: right;"> 22 JUN -7 P3:09 STATE OF HAWAII DEPT OF HHS STATE LICENSING </div>

	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 – Physician's order dated 3/30/2022 is "lidocaine (LIDPDERM) 5% patch, Apply 1 patch topically once per day as needed for pain. LEAVE FOR ONLY 12 HOURS DAILY." MAR stated "Lidocaine patch 5%, Apply patch topically daily as needed for pain. Leave on for 12 hours only." The number of patches to be used was not noted.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>- corrected</i> <i>Updated MAR (apply 1 patch topically once per day, As needed for pain)</i></p>	<p style="text-align: right;">22 JUN -7 P 3:09</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</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 – Physician's order dated 3/30/2022 is "lidocaine (LIDPDERM) 5% patch, Apply 1 patch topically once per day as needed for pain. LEAVE FOR ONLY 12 HOURS DAILY." MAR stated "Lidocaine patch 5%, Apply patch topically daily as needed for pain. Leave on for 12 hours only." The number of patches to be used was not noted.</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>- Ensure that Physician's Order and Pharmacy Labels exactly matches what is documented in the MAR. Will verify with other caregivers that medications order and MAR the same.</p> <p>- will document low range patches & given with each treatment</p>	<p>22 JUN -7 P 3:10</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</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 legend for caregivers' initials in MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- corrected - updated MAR to show a legend of caregivers' name and initial</p>	<p style="text-align: right;">22 JUN -7 P 3:10</p> <p style="text-align: right;">STATE OF ILLINOIS DOH-OSHA STATE LICENSING</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 legend for caregivers' initials in MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Will ensure that all MAR sheets includes a legend of current caregivers name and initials to be able to verify who is administering medications</p> <p>- to ensure the same deficiency not reoccur, will make a checklist on all my deficiencies as my guide at all times.</p>	<p style="text-align: right;">22 JUN -7 P 3:10</p> <p style="text-align: right;">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> (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 visited emergency department (ED) on 5/5/2022 for diarrhea. Not documented in progress notes.</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>22 JUN -7 P 3:10</p> <p>STATE OF MAINE 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> (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 visited emergency department (ED) on 5/5/2022 for diarrhea. Not documented in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- To ensure the care deficiency does not happen again, I will document all ED visits immediately.</p> <p>- Will make checklist on all deficiencies, this will help me ensure that it doesn't happen again.</p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LITIGATIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident report for 5/5/2022 ED visit was filed in resident's binder.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>- corrected</i></p> <p><i>- ensure that incident report were kept in a separate binder for documentation</i></p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE INSPECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident report for 5/5/2022 ED visit was filed in resident's binder.</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>- provided a separate binder exclusively for Incident Report documentation that shall be made available to the department and other authorized personnel.</i></p>	<p>22 JUN -7 P3:10</p> <p>STATE OF TEXAS DEPARTMENT OF STATE HEALTH SERVICES</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 – Emergency information sheet not up to date.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> - corrected - updated Emergency Information Sheet by asking Residents POA of some informations. </p>	<p align="center"> 22 JUN -7 P3:10 STATE OF MISSISSIPPI 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 – Emergency information sheet not up to date.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> - by asking Residents/Residents POA Emergency Information. - verifying Primary Care Physician some information - Plan Ahead / Follow that Resident Admission/Re-Admission checklist guidelines And make certain that all on the checklist is obtained, prior or on the day of admission. 	<p align="right">22 JUN -7 P 3:10</p> <p align="center">STATE OF NEW YORK DEPARTMENT OF CORRECTIONS STATE PRISONS</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><u>FINDINGS</u> Resident #1 – “Resident Financial Statement” signed by resident’s Power of Attorney (POA) on 5/14/2022. Resident was admitted on 4/1/2022.</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>22 JUN -7 P 3:10</p> <p>STATE OF NEW HAMPSHIRE DEPARTMENT OF STATE LITIGATION</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><u>FINDINGS</u> Resident #1 – "Resident Financial Statement" signed by resident's Power of Attorney (POA) on 5/14/2022. Resident was admitted on 4/1/2022.</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>Ensure that "Resident Financial Statement" signed by Resident's Power of Attorney prior or on the day of Admission, is to meet Resident's POA ahead of time, to make sure signature is obtained.</p> <p>- Will follow diligently the "ARCA Resident Admission/Re-Admission checklist." And A certain that all requirement needed on Admission are all obtained.</p>	<p>22 JUN -7 P 3:10</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH 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)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – "General Operational Policies and Admission Agreement" signed by resident's POA on 5/14/2022. Resident was admitted on 4/1/2022.</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>22 JUN -7 P 3:10</p> <p>STATE OF HAWAII BOH-DOA 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)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – "General Operational Policies and Admission Agreement" signed by resident's POA on 5/14/2022. Resident was admitted on 4/1/2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Will follow ARCH Admission/Ac-admission checklist accordingly. Will make sure that all requirements on the checklist are all on hand prior or on the day of admission.</p> <p>- Plan ahead to meet resident's POA to discuss GOP and Admission Agreement, so with to obtain signature for the Agreement.</p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right;">STATE OF NEW YORK BROOKLYN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(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> Resident #1 – No self-preservation statement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- corrected</p> <p>- obtained "No self-preservation" statement from Resident's PCP.</p> <div style="text-align: right; margin-top: 200px;"> STATE OF NJ H&M-COMM CIVIL DIVISION </div>	<p style="text-align: right;">22 JUN -7 P 3:10</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> Resident #1 - No self-preservation statement.</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>- Will follow accordingly the ARCH resident admission/re-admission checklist and make certain that all the requirements listed are all ready before or on the day of admission.</p> <p>- A certain that Self Preservation Statement is signed by Physician or APRN prior to admission</p>	<p>22 JUN -7 P3:10</p> <p>STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p>FINDINGS No signaling device in resident's bedroom #4. PCG placed a signaling device in the room 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>22 JUN -7 P 3:10</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> No signaling device in resident's bedroom #4. PCG placed a signaling device in the room 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>We (PCG and SCGs) will inspect all signaling devices daily. And at all times ensure all devices are working properly. And in-place in every room. And should be given to every residents. No matter what their condition is. To Educate my SCGs the importance of a signaling devices.</p>	7/18/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that case manager conducted a comprehensive assessment upon admission on 4/1/2022.</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>- Corrected - Comprehensive Assessment by the case management obtained and filed on Resident's binder.</p>	<p>22 JUN -7 P 3:10</p> <p>STATE OF ILL. HALL JUN 07 2022 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that case manager conducted a comprehensive assessment upon admission on 4/1/2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>– Will call and verify w/ case management that comprehensive assessment is completed and documented by CM prior to Admission. As a reminder, I will refer to the ARCH resident Admission/re-Admission checklist with every Admission. Obtained checklist requirements, prior or on the day of Admission</p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No care plan. Resident was admitted on 4/1/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- <i>Corrected</i></p> <p>- <i>Care plan has been obtained from the case management.</i></p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right;">STATE OF OHIO DOH-0124 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No care plan. Resident was admitted on 4/1/2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>— Prior or on the day of Admission will a certain time an accurate care plan is received from case manager</p> <p>follow! After Admission/Re-Admission Checklist. A certain that all requirements needed in Admission is all available and signed, prior or on the day of Admission.</p>	<p style="text-align: right;">22 JUN -7 P3:10</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Elma U. Saladino

Print Name: Elma U. Saladino

Date: 06/07/2022

Licensee's/Administrator's Signature: Elma U. Saladino

Print Name: Elma U. Saladino

Date: July 18, 2022

22 JUN -7 P3:10
STATE OF HAWAII
BOROUGH
STATE LICENSING